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NEW SERIES.—No. XVI.—APRIL, 1846.

ORIGINAL COMMUNICATIONS.

Case of Traumatic Tetanus, in which Ice was beneficially applied to the Spine. By John E. McGirr, M. D.

Miss Margaret C——, aged 20, of plethoric habit, applied on the 28th January to a dentist to have a tooth extracted—a second molar, in the lower jaw, on the right side. The dentist broke the tooth; and after several ineffectual efforts to remove the stump, applied some caustic to destroy the nerve, (supposed to be nitric acid,) and sent her home.

On Monday night, February 2d, at 9 o'clock, five days after the tooth was broken, tetanus came on. She had suffered excessive pain in the jaw, day and night, from the time the caustic was applied. Being summoned immediately after the first spasm, I was, from indisposition, unable to attend, and another physician was called in. As the case grew rapidly worse, the friends fearing a fatal termination, requested me to take charge of it, which I did on Wednesday morning. I found her in the following condition.

From one to four spasms occurring every hour. At 2 o'clock, P. M., the worst occurred; and from that time until the turn of the night they were very frequent and severe. The jaws were tightly locked; opisthotonos was severe; and there was pain and retraction at the epigastrium, returning every twenty or twenty-five minutes, followed by excessively violent paroxysms, —three generally succeeding each other within a minute's time.

The temporal and masseter muscles were the seat of very great pain. The head was thrown back, and every muscle was in a state of rigid contraction. She answered, by signs, that there were severe pains shooting from the sternum to the spine. Swallowing was performed with the greatest difficulty; and twice today the very effort produced spasms. The belly was very hard and painful on being pressed; and when pressed upon, muscular twitchings agitated the entire body. These twitchings were constantly present between the spasms, and the muscles of the entire body were affected during the paroxysms. The muscles of the head, neck, throat, chest, extremities, hands and fingers, were painfully contracted. The eyelids were drawn down tightly over the eyes; the patient could not move them; and when I raised them, which I found it difficult to do, the eyes were turned up, insensible to light, and the pupils largely dilated. The countenance was so much distorted, that I would not have recognized her as one with whom I was well acquainted. The pulse was wiry and beating 130. There was suppression of urine for 24 hours.

I ordered a blister to be applied from the temple to the symphysis of the inferior maxillary bone, (to be dressed with morphia and mercurial ointment, and a warm poultice over the dressings;) and bags of ice to the whole tract of the spine. When the ice was applied, a spasm immediately occurred, and it was removed; but when the patient recovered her consciousness, (which always returned between the spasms,) she made her attendants understand that she wished the ice replaced, which was done. One grain of morphia was ordered every hour, until stertorous breathing was induced, and perfect quiet was enjoined.

Feb. 5th, 9 o'clock, A. M. The most part of last night was passed badly,—the spasms occurring about every two hours, until four o'clock this morning, when an intermission occurred, and the sufferer fell into a quiet slumber which lasted four hours. She awoke without a spasm, motioned for a drink—which was given to her, and swallowed with much less difficulty than yesterday. The bowels were freely moved by a purgative. The eyes and eyelids were immoveable. The pulse 80, and full; and the skin moist. Suppression of urine relieved.

2, P. M. Has had three spasms since morning; and while I was in the house she vomited about a teacupful of a dark green matter. The vomiting was followed by three spasms in succession. Morphia resumed.

8, P. M. No spasm since last visit. She had three while I was in the house. The pulse small and corded; breathing oppressed. Ordered morphia in small doses, and wine freely.

Fearing too great exhaustion, the ice was removed from the spine, and the most perfect rest enjoined, as the running of a wagon on the road above the house produced a spasm.

6th. 7, A. M. Spent the early part of last night without a spasm; the latter was passed rather restlessly, and with two spasms, which were much lighter than usual. Vomited once, which was followed by a spasm. She was sleeping when I saw her; the breathing stertorous. Pulse 85, and full. The jaws are open about a quarter of an inch, and slightly moveable. Ordered a blister to the spine, in consequence of some remaining pain, to be dressed with mercurial ointment, and a warm poultice over the dressings; the morphia to be resumed after the stertorous breathing passes off, in doses of a quarter of a grain every two hours.

1, P. M. No spasm since morning; has slept soundly. At 2 o'clock, before I left the house, she had three slight spasms. Morphia continued, with two drops of croton oil, to be repeated if necessary. Vomited after taking the oil, which was then repeated, dose two drops. The vomiting produced no spasms. Feels a tingling sensation passing up from the extremities.

6, P. M. Has opened her eyes and spoken for the first time since her attack. The jaws are relaxed and moveable. The blister drew well. Complains still of pain shooting from the sternum to the spine. She says that, "until the ice was applied, this pain was terrible." Is hungry; has eaten some cracker grated in chocolate; has used wine, beef-tea, and arrow-root jelly, to support her strength. No muscular twitchings. She breathes and swallows easily; says her heart jumps a good deal yet. Her eyes are open, but she cannot see. Morphia in small doses until sleep is induced.

7th. 8, A. M. Rested well last night until one o'clock, when she had a slight spasm; moving her to the bed pan produced two others. She speaks distinctly. The jaws are relaxed; the eyes open, but she can see nothing. Pulse weak. Ordered wine freely; and as the bowels had not yet been moved, one drop of croton oil was given. Complains of pain in the jaws; a few doses of morphia ordered, quarter of a grain each.

4, P. M. Escaped the 2 o'clock spasm to-day for the first time. Slept from the morning visit. The bowels not yet moved. Ordered, of a mixture consisting of equal parts of the spt. turpentine and castor oil, two table-spoonfuls in a cup of starch-water, to be given as an injection every hour.

8th. Has had but one spasm since yesterday at 4 o'clock, and that was produced by giving an injection. Three injections were given, by which two copious evacuations were procured. The catamenia came on with the alvine evacuations; and it is to be

noted, that her regular and healthy menstruation had ceased naturally two days before the tooth was broken. She complains of pain in the temporal and masseter muscles; talks distinctly, and lies quietly.

5, P. M. Had one slight spasm at 1 o'clock. Has been moved without inconvenience. Sleeps well. Can now distinguish light from darkness. The menstrual discharge continues. Morphia to be discontinued, as it sickens; spt. nit. æther to be given freely, and the morphia to be resumed should spasms threaten. Pulse 80, and full; the jaws open; tongue benumbed; she says it felt very much swollen in the early part of the disease, and that she could always tell when the spasms were approaching by the gradual coming on of numbness of the tongue; and that the numbness would begin at the root, and when it had reached the point, the spasms would attack her.

9th. 10, A. M. Has had no spasm since yesterday; one very offensive evacuation from the bowels; the menses decreasing. She raved very much last night, but was thrown into a very sound sleep by three tea-spoonfuls of weak laudanum. Has slight pain in the jaws and head; the eyesight improving; pulse good.

I have taken notes up to the 14th February, but as nothing of any importance occurred, it is unnecessary to continue them in detail. Suffice it to say, that on the 11th the menses stopped; on the same day a quantity of blood and mucus passed from the bowels, after two or three very severe pains, and about an hour's sickness; and on the same day the eyesight was completely restored. On the 12th there was a threatened relapse, in consequence of catching cold; this was easily arrested, and under generous diet, and great care from her nurse, she rapidly convalesced from this time, though months may be required before she recovers her wonted strength and spirits.

REMARKS.

There are some things in this case worth noting. The loss of sight was something that I had never read of as occurring in this disease. The spasms, from the first day I saw her, affected the fingers, hands, face, throat, breast, back, abdomen and legs; they were so severe, that four men were required to hold her upon the bed. There was abdominal hardness; severe opisthotonos; and pain from the sternum to the spine. To me, having seen several and always fatal cases of this kind, the action of the ice was perfectly astonishing; it produced almost immediate relaxation of tonic rigidity, and a remission of spasmodic action beyond my most sanguine expectations. Had the ice been applied when the patient was first attacked, I believe she would

have been spared a great deal of suffering. She says that when the ice was applied to the spine, it occasioned a delightful feeling of relief, as if an enormous weight was removed from her breast; and that when the spasms came on during the time the ice was applied, they caused her but trifling pain compared with what she had previously endured.

Hollidaysburg, Blair Co., Pa., Feb. 28th, 1846.

Account of an Enormous Abdominal Tumour. By A. B. Longshore, M. D., of Wyoming, Penn.

To Prof. R. M. Huston.

Dear Sir, —In accordance with my promise I will endeavour to give you a brief history of the tumour that I sent you some time since, being compelled, however, to rely for my information mainly upon Drs. Smith and Lewis.

Mrs. B———, æt. 37, from whom the tumour was taken, was the mother of ten children, was of medium size, rather full habit, and sanguine temperament. She usually enjoyed good health, excepting at two different periods, when she threw off false conceptions or moles, accompanied with profuse hemorrhage, and, in her last labour, it became necessary to use instruments, by the aid of which she was delivered of a living child. She soon, however, recovered her accustomed health and strength. She stated that the catamenia returned regularly in six months after the birth of all her children, except the last, and continued so until she again became pregnant. She nursed the last child until it was fifteen months old, and it was sometime after this before the catamenia appeared, and was then accompanied with much pain, and profuse hemorrhage. These paroxysms occurred at irregular intervals, until the formation of the tumour, when they became more regular.

In June, 1838, she first complained of an uneasy sensation in the left iliac region, and in two or three months after, a small tumour could be felt, by pressing with the hand just above the pubis and a little to the left of the linea alba, accompanied with some tenderness—although her general health appeared to be good. On discovering these symptoms she became alarmed and called a consultation of physicians, who pronounced her labouring under ovarian disease,

Dr. Lewis, after having seen the patient several times in consultation with the family physician—Dr. Scott—was called in February, 1839, to attend her. He says:

"I found her in great pain, profuse hemorrhage, and occasional syncope. The tumour had now reached the umbilical region on the left side, and on the right could be felt above the pubis. Upon an examination per vaginam, the os uteri could not be felt, but an elastic irregular mass could be distinguished in the cavity of the pelvis, rather on the right side, exterior to the vagina. During the pains, which much resembled those of labour, the tumour (for I was fully satisfied that it was a tumour, and not a dropsy, as had been represented,) would contract and relax when the pain subsided, which made it evident that it possessed contractile powers, and therefore could not be dropsy. The usual means were resorted to for hemorrhage, viz., the tampon, cold applications, acetate of lead, opium, &c., under which it subsided. From this time forward, until her death, at every menstrual period, the same symptoms, viz., pain, hemorrhage, syncope, &c., would occur, giving way to the same treatment, the tumour gradually increasing."

For the following particulars in regard to this case, I am indebted to Dr. Smith. He says, "that in April, 1843, there was a consultation held as to the propriety of tapping the patient for ascites—a few days previous to this time, the abdomen became so much distended, that (to use her own words) it seemed as though the flesh would be torn from the ribs and breast bone. On the day prior to the assembling of the physicians there was a spontaneous discharge of a quantity of bloody fluid, which had rather a urinous smell. This gave so much relief that the operation was abandoned. Owing to the pressure of the tumour upon the neck of the bladder, there was at times much suppression of urine, which had to be relieved by the use of the catheter, which was often attended with great difficulty, owing to the displacement of the parts. Her appetite was good, and her food appeared to be well digested during the development of the tumour, except at her menstrual periods. Notwithstanding this she gradually became much emaciated, from the constant drain upon the system by these periodical hemorrhages." The day previous to her death I called to see her, in company with Dr. Lewis; she was just recovering from one of the periodical attacks, during which she had discharged an immense quantity of blood, estimated by her attendants at four or five gallons; this, no doubt, was much exaggerated, although the quantity was probably great, as she was left almost completely bloodless—was suffering much from pain, and labouring under great dyspnœa, which had been a prominent symptom for the last two or three years, owing, no doubt, to the pressure of the tumour against the abdominal viscera, pushing them against the diaphragm, and thus compressing the lungs and heart. This, in all probability, was

regarded as the main symptom, by those who pronounced her labouring under ascites and hydrothorax, (for she was treated by one or two for these diseases,) looking upon the enlargement of the abdomen as a sign of the former, and the dyspnœa as a sign of the latter. The abdomen was enormously distended by a hard substance, without the least sign of fluctuation, and from its immense size she had been unable to turn herself in bed, for the last two years, without assistance. She died on the 14th of December, 1843.

An autopsy was made twelve hours after death: present, Drs. Smith, Lewis and myself. Placing the body upon the left side, I proceeded to open the abdomen, bv making an incision from the ensiform cartilage to the pubis, along the linea alba. Upon opening the peritoneal sack, six or eight ounces of cream coloured fetid fluid exuded, this was all the fluid found in the cavity. After making the entire section, the abdominal parietes were drawn back, and the whole mass exposed to view, filling the whole abdominal cavity, and starting the cartilages of the ribs outwards, and the ensiform directly forwards. The tumor was attached by strong fibrous bands to the right ramus of the pubis, and right ilium around to the spine; there were also slight adhesions to the descending colon, as far as the sigmoid flexure, and it was attached also to several parts of the abdominal parietes, in front to the bladder, and behind to the uterus and vagina. The attachments were divided, and the vagina cut transversely, leaving the uterus partly imbedded in the mass. Upon examining the cavity of the abdomen, after the removal of the tumour, we found the stomach, liver and intestines, pressed up under the ribs and sternum, encroaching upon the heart and lungs. The viscera presented a healthy appearance, except a preternatural paleness, owing no doubt to the exanguious state of the patient at the time of her dissolution. No examination of the thoracic viscera was made, in consequence of the lateness of the hour, and the distance we were from home. The tumour, which is now in the museum of the Jefferson Medical College, is of a fibrous or fibro-cartilaginous character, with numerous small lobes, attached by pedicles. Some with a broad, and others with a narrow base. The uterus was partly buried in the substance of the tumour, the left ovary, fallopian tube and broad ligaments, were entirely imbedded in it; the right were fully exposed to view, and appeared to be perfectly healthy.

On the front of the tumour there was a distinct raphe, extending from the fundus to the neck, which had its attachment on each side to the neck of the uterus, showing that it originated by two distinct tumours which gradually coalesced as they were developed, until they became firmly united, forming but one

mass. We punctured the mass, to the depth of several inches, and laid open several of the lobes, without finding any fluid or cavity; the cut surface was mottled, the external having a pink hue. The tumour weighed fifty pounds immediately after its removal.

The cause or causes of this morbid growth are not known, but in all probability there had been some injury inflicted on the neck of the uterus by the instruments used at her last accouchment. She stated, during her life, that the first time she felt any uneasy sensation in the part, was immediately after bathing her feet in a cold spring when her body was excessively warm, which, very probably, was the immediate or exciting cause.

The most singular circumstances in regard to the case, were the apparent contractile power of the tumour, and the immense quantity of fluid discharged at every menstrual period.

Case of Cerebral Extravasation [Extrusion?] in a New-born Infant, followed by Spontaneous Recovery. By Hattersly P. Worthington, M. D., of Elkridge Landing, Maryland.

January 27th, 1846, at 1 o'clock, P. M., I was called to attend Mrs. L——, æt. 20, in labour with her first child. She had had moderate labour pains since 11 o'clock of the previous night. Upon examination, I found the head presenting in the first position, (Velpeau;) the *os tincæ* slightly dilated; the pelvis below the medium size, but without any deformity of shape. The uterine efforts became more decided, were frequent, and of sufficient power to cause a steady advance of the head. Although the labour was tedious, I saw no necessity for artificial assistance, but left the case to nature, and at 3 o'clock the next morning the child—a fine male, weighing nine pounds—was delivered. The head appeared more than usually elongated, with a soft tumour, of the size and shape of half of a hen's egg, over the lamdoid suture, to the right of the posterior fontanelle. As the opposite side of the head assumed its natural shape, this tumour continued to occupy its situation, pressing out through the suture, and separating the bones from each other. At the expiration of two weeks it remained without change, feeling soft, without any perceptible fluctuation.

My esteemed friend, Dr. Robert E. Dorsey, now saw it with me, and we were induced to believe there was an arrest of bony formation on this part of the skull. We determined to do nothing for the present—the child enjoying good health—but to await the occurrence of events requiring interference.

On the 16th of February I observed an evident decrease in the size of the tumour; the following day this was more perceptible, and on the 18th it had entirely disappeared, and the sutures had approximated as nearly as upon the opposite side. The child continues to thrive, having apparently suffered but little inconvenience from this rather unusual freak of nature to facilitate its passage into the world. The labour was attended with consequences to the mother, the relation of which I shall reserve as the subject of a future paper.

February 23d, 1846.

BIBLIOGRAPHICAL NOTICES.

Homœopathy, Allopathy, and Young Physic. By JOHN FORBES, M. D., F. R. S.; one of the Editors of the Cyclopædia of Practical Medicine; Editor of the British and Foreign Medical Review, &c. &c. 12mo. pp. 121.

In our last number we noticed the 'Medical Problems' of the Messrs. Griffin, and stated that we were glad to see such productions, leading us, as they do, to investigate principles; and often to mistrust isolated or agglomerated facts, which, after all, have been the bane of medical science. We mean, of course, so-called "facts;" and who is to discriminate between the true and the false? Each recorder considers himself qualified to observe, and would feel insulted if told, that his observations are not as trustworthy as those of any other individual. Who, then, is to sift, so as to enable us to embrace the authentic, and discard the doubtful? It would be presumptuous in any one to attempt it; and hence a 'registrar-general,' like M. Valleix, may pretend to analyze, and oracularly promulge his analyses; and after all may merely congregate the records—many of them most fallacious—of all. Homœopathy—if we credit its sectaries—is founded on facts. It is true it has a series of speculations—almost all of which are eminently ridiculous—to connect those facts together, so as to give it the semblance of a science; yet it is no less true,

that it appeals in all cases to positive observed results; and every convert to it professes to have been changed in his belief by witnessing undoubted 'facts'—cures that have been accomplished by its agency; for few would be hardy enough to admit that their minds had been led captive by its 'seductive' theories. And shall we reject all these homœpathic 'facts,' because they are brought forward by men who profess another faith, but affirm, that they observed honestly, and registered as honestly, what they witnessed? What greater right—it may fairly be asked—have we to discard their statistical details than they have to reject ours? Both parties, it ought to be presumed, are honest; whilst the homœopathists ought—we think—to permit a greater latitude of doubt to be entertained in regard to their statements, in consequence of the absurd doctrines with which they are associated. Homœopathy, however, is not the only curative system that appeals to facts. There never has been brought forward a solitary nostrum—howsoever unworthy it may have really been—that has not had multitudes of 'facts,'—or what have been called 'facts'—to support it. Disease has disappeared under its use, as under the agents administered by the homœopathist. It has vanished also under the remedies prescribed by the regular physician; yet experiments have rarely been made to determine how far the results were really dependent upon the articles administered; and how much upon the action of that recuperative power—that "divinity which stirs within us"—and without which all therapeutical agents would be useless, and often worse than useless.

The object of the pamphlet before us is to direct our thoughts into this channel. It appeared originally in the British and Foreign Medical Review, for January, 1846, of which its author is the able editor; was published in England in pamphlet form, and has been reprinted in this country. We are glad of it; for, doubtless, by interested parties it would have been misunderstood, as it has been, or be garbled, or both. Now, it is put at such a price that all may obtain it, and read the whole article for themselves; and we will venture to say, that no unprejudiced person can rise from its perusal without being satisfied, that its author is a learned, accomplished, and scientific physician; full of love for the profession of his choice; ardent in the furtherance

of every thing that may tend to its improvement; but, above all things, solicitous to discover the truth, and to be instrumental in its promulgation.

The great aim of the pamphlet is to show, that a reform is needed, not in medical polity—not the reform question which has long agitated, and still agitates the profession, both here and elsewhere—but in medical practice; and that the heroic therapeutics adopted more or less everywhere should be abandoned, and more confidence be placed in great principles of hygiene and therapeutics, and especially in the natural or instinctive powers, which, after all, are our anchors of hope in the management of disease, and are always more trusted to by the experienced practitioner than by one who is just commencing his career. As in politics the young are apt to be bustling, energetic reformers; the older quiet, confiding and conservative; so, in medicine, polypharmacy and 'action, action, action,' are with the young practitioner; diminished confidence in the adaptation of special remedial agents for special morbid conditions, and more confidence in the instinctive powers of the organism, with the older and more experienced.

In referring to a few of the more open sources of evidence of the most unequivocal kind, that nature *can* cure disease, the author remarks:

"Lastly, we must advert to what is, perhaps, the most extensive and valuable source of all—the actual practice of the more scientific physicians of all ages, in the latter part of their career—men of philosophic minds as well as of much experience. It is well known, from the history of physic, that a large proportion of men of this class have, in their old age, abandoned much of the energetic and perturbing medication of their early practice, and trusted greatly to the remedial powers of nature. The saying of a highly respected and very learned physician of Edinburgh, still living at an advanced age, very happily illustrates this point. On some one boasting before him of the marvellous cures wrought by the small doses of the Homœopathists, he said, 'this was no peculiar cause for boasting, as he himself had, for the last two years, been curing his patients with even less, viz.: with nothing at all.'" p. 90.

After a brief sketch of Hahnemann, the founder of the Homœopathic System; and an inquiry into the evidence—doc-

trinal and practical—afforded by its believers, Dr. Forbes concludes "that the curative powers of nature suffice to explain all the triumphs of homœopathy." To this, we apprehend, every reflecting and unbiassed mind, that has inquired at all into the subject, must have already arrived. Over and over again our own views on this subject have been recorded in fugitive essays, as well as in more elaborate productions. As regards the folly of the doctrines and infinitesimal remedial agencies of the homœopathists, the author is as fully impressed as their most bitter acknowledged opponents, but he accords, we think, to Hahnemann more merit as a reformer than he deserves. To him he considers the profession to be mainly indebted for the abandonment of perturbating methods of treatment previously in constant use. On this side the Atlantic the reform was certainly not introduced by Hahnemann. It was commenced or promoted by the more general adoption of the views of Broussais, who entered the list in uncompromising hostility with the perturbators, and especially with those whose disturbing agents were chiefly directed to the lining membrane of the alimentary canal; but its decadency was mainly owing to a better system of observation and reflection, and to influential teachers promulgating *ex cathedrâ* the importance of considering the physician to be the interpreter and minister of nature, and not the disturber of her efforts.

Perhaps, too, the author has assigned undue importance to the trifling amount of evidence adduced in favour of homœopathic practice by Drs. Fleischmann and Henderson—both homœopathists. Admitting their statistics, however, to be true, his conclusions follow irresistibly: and who shall say that they are not to be credited?

As the pamphlet, or the Review whence it is extracted, will probably be read by most of our readers, we shall not occupy further space with its consideration. We would, however, direct especial attention to the concluding portion—the "*cogitanda*, *excogitanda*, and *agenda*"—twenty in number, with every one of which we are disposed to accord. We recommend all the observations to be perused and reperused. They emanate from one of no little standing, professionally and socially, and are unquestionably the honest convictions of their author. "We have said only"—he observes—"what we believe to be true;

and if what we believe is in reality the truth, the promulgation of it cannot lead to evil. Truth is good. If the art of medicine, as we profess and practise it, cannot bear investigation, and shrinks before the light of truth, from whatsoever quarter it may come, it is high time that it should cease to be sanctioned and upheld by philosophers and honest men. If, on the contrary, it be true and good—even if it be but partially true and moderately good—the stirring torch of inquiry and the stimulus of opposition cannot fail to benefit it in the end." p. 78.

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1. *Twenty-fifth Annual Report of the Bloomingdale Asylum for the Insane.* By PLINY EARLE, M. D., Physician to the Asylum. New York. 1846. pp. 48.

2. *Report of the Pennsylvania Hospital for the Insane, for the year* 1845. By THOMAS S. KIRKBRIDE, M. D., Physician to the Institution. Philadelphia. 1846. pp. 56.

3. *Thirteenth Annual Report of the Trustees of the State (Massachusetts) Lunatic Hospital at Worcester, December,* 1845. Boston. 1846. pp. 106.

4. *Third Annual Report of the Managers of the State (N.Y.) Lunatic Asylum, made to the Legislature January* 23, 1846. Albany, 1846. pp. 61.

The Reports emanating from the Institutions for the Insane, which have been provided in some of the States, are well adapted to diffusing information not only amongst physicians, but amongst the general community. That the number of persons attacked with insanity has considerably increased within a few years seems manifest, and that it has done so in a ratio exceeding that of the increase of population, there are reasons for believing. These institutions have been instrumental in restoring to health and usefulness thousands of persons, whose lives, without their aid, would have been a burden to their friends or to the community; but in this, perhaps, they have not rendered a greater service than they are capable of doing, by giving,

through their annual reports, more correct views than are generally entertained of the nature of insanity, of its treatment; and by extending our knowledge of its predisposing and exciting causes, a proper understanding of which may do much towards diminishing the prevalence of this distressing malady.

1. The following table from Dr. Earle's Report, gives the general statistics of the *Bloomingdale Asylum* for the past year.

	Males.	Females.	Total.
Number of patients in the Asylum Jan. 1, 1845,	54	50	104
Number of cases admitted during the year,	71	67	138
Whole number in the Asylum during the year,	125	117	242
Number of cases discharged and died,	65	60	125
Remaining, December 31st, 1845,	60	57	117
Of the cases discharged there were cured,	30	31	61
" " " " Much improved,	3	9	12
" " " " Improved,	17	3	20
" " " " Unimproved,	8	12	20
" " " " Died,	7	5	12

Table V gives a comparative view of the exciting causes of the malady, physical and moral. According to it there are fifty-nine physical, of which intemperance, self-abuse amongst the men, and the circumstances attending the puerperal state amongst the females, are the principal: and thirty-six moral, in which pecuniary losses, disappointments, &c., and religious and political excitement predominate.

In making this comparison the report says, "it is possible that a large proportion of the cases arranged under the head of physical causes in the above table, might be traced to some agent acting upon the mind. Intemperance, cerebral disease, epilepsy, typhus fever, may be induced, and frequently are, by mental influences. With this view of the subject, the relative numbers in the two classes of causes might be essentially varied."

In speaking of the increased prevalence of insanity, as shown by the increase of patients in the Asylum, the Dr. says: "Whether the increase be in a greater ratio than that of the population of the city and its adjacent country, is a proposition which cannot be easily demonstrated. However this may be, it is an unquestionable fact, that the exciting causes of mental alienation

were never in time of peace more active among any people than at the present day among the inhabitants of the United States, and particularly so in the States which, bordering on the Atlantic, were the earliest peopled by European emigrants.

"Intoxicating liquors are so cheap, that the labor of a few hours will procure enough to addle the brain for a week, and prevent the healthy exercise of reason perhaps a much longer period. The avenues to wealth, place and power, are open to all: the child of the cottager, thus entering into the strife of competition with the son of the most wealthy citizen. The progress of civilization and refinement, and the comparative ease with which the products of both nature and art in every quarter of the globe are here obtained, have a direct tendency to foster a luxurious life. Hence, human desires and human wants are greatly multiplied, while both body and mind are exerted to the utmost power of endurance to gratify the former and supply the latter. The almost unavoidable effect of the artificial mode of living thus produced, is either a debility of the system, or an augmentation of nervous excitability, either of which facilitates the invasion of mental disease.

"Art has made advances so rapid towards the annihilation of time and space, that, if life be measured by the proper standard, the number of events, circumstances and conditions, seen, felt and perceived—the amount of pleasure enjoyed and pain endured—the people of the present generation have an existence of tenfold longer duration than their forefathers. As if this were not enough, the mind is forced into an activity corresponding with the new era of art. Children, before the body has acquired sufficient tone, or the brain sufficient firmness, to endure much mental exertion with impunity, are placed in schools where the intellectual faculties are unduly urged; while the physical exercise necessary to the due development of the frame is too often neglected. Under such circumstances the head will expand, but the body cannot grow in size or vigor sufficiently to maintain 'a balance of power.'

"If the child escape the more immediate dangers thus produced, he arrives at manhood with an unnatural susceptibility of mental excitement, as well as increased disposition to diseases of the brain, by what causes soever they may be induced."

Of the one hundred and nineteen cases admitted during the year, "the disease in sixty-eight commenced within one year previous to the time of admission, while in fifty one it had existed more than a year. The most important practical fact connected

with the duration of the disease, is its influence upon the curability of the patient. Of the recent cases admitted, thirty-two have been discharged cured; and of those that remain, nineteen are believed to be curable. Of the chronic cases, only seven have been discharged cured, and of the remainder only eight are considered curable. These facts alone exhibit the importance of treatment in the early stages of mental disorder."

There are other matters of interest contained in the report which might claim attention. Amongst these are the various means of moral treatment made use of, such as religious worship, the school lectures, amusements, manual labor, &c., but the limits of a notice like this compel us to pass them by.

2. From the Report of the *Pennsylvania Hospital*, we learn that there were 151 patients in the Institution at the date of the previous report, and that 177 have been admitted, and 159 have been discharged or died since that time, leaving 169 under care at the close of the year. The highest number at one time was 174; the average number for the whole year was 162, being more than at any previous period in the history of the Institution.

"Of those discharged during the year 1845, were—

Cured, - - - -	80
Much improved, - -	5
Improved, - - - -	24
Stationary, - - -	30
Died, - - - -	20
Total, -	159

"Of the patients discharged cured, thirty-nine were residents of the Hospital not exceeding three months; twenty-six between three and six months; twelve between six months and one year; and three for a longer period than one year."

A part of the report is occupied with the statistics of 769 patients who have entered the Institution, showing the age at which insanity first appeared, the cause, form, duration of the disease, &c., but as they are not sufficient in themselves to afford any correct general results, we pass them over.

Table XIII shows the state of 600 patients who have been discharged or died,—their sex, and the form of disease for which they were admitted.

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured,	188	125	313	189	62	57	5	..
Much improved,	28	22	50	28	9	10	3	..
Improved,	51	28	79	36	20	12	11	..
Stationary,	51	37	88	32	19	13	23	1
Died,	43	27	70	31	17	2	15	5

"By 'cured' is meant, that the patient's mind has been restored to what was its natural state before the accession of the disease, which brought him to the Hospital. Natural eccentricities of character do not constitute insanity, and these, of course, are not expected to be removed by a residence in any Institution. The friends of patients have occasionally believed their minds to be in a better state after recovery from an attack of insanity, than they were before its accession; and there are highly respectable professional men who have spoken of the same results. This, however, is hardly to be anticipated in any case; but where the recovery has been considered complete, after a certain period, the mind has in most cases appeared to me to have all the strength and integrity that originally belonged to it."

In relation to a cause of death formerly more common amongst the insane than at present, the Dr. observes:

"Consumption was formerly one of the most common terminations of life with old cases of insanity, and was supposed by many to be a consequence of mental disease. It is much more probable, however, that it was the result of the treatment too often adopted. Close confinement in badly ventilated rooms, want of exercise in the open air, and sometimes a meagre diet, would certainly tend to develope those diseases where there existed the slightest constitutional tendency to them. We would naturally expect what has been here fully realized, the most striking changes in the physical condition of this whole class, by having them constantly out of their chambers, except at night, spending several hours of each day in walking or working in the open fields, and at all times with a wholesome nutritious diet.

"My observations during the past five years, induce me to believe that a proper system of discipline and regimen will make the occurrence of tubercular and other diseases of a kindred character, quite as rare, perhaps more rare in insane hospitals, than with the mass of the community."

The remainder of the report is principally devoted to a consi-

deration of the circumstances and modes of treatment capable of exerting a beneficial moral influence on patients in an institution of the kind. "The principle has always been recognised in this Institution, that it is of great importance that the grounds about a hospital should be well improved, and in such a state of cultivation as to attract the interest of the patients, and each year, as less rough work has been required on the premises, greater attention has been paid to this species of improvement. Much useful labour has thus been afforded to a considerable number, and occupation of a light kind to many who are not among the votaries of labour. All take some degree of interest in these operations. Extended walks, enlarged flower borders, handsome summer houses, and improvements about the water courses, are among the objects that will be permanently of interest to our patients." "A succession of improvements about the buildings and grounds, keeps up a steady interest in those who work; and to those who do not, proof that efforts are constantly being made to promote their comfort and happiness."

"The plan for a regular course of lectures, referred to in my last report, has since been fully matured, and is now being carried out with the most gratifying success." "As far as it can be conveniently effected, it is intended these lectures shall be demonstrative, and rendered attractive by as great a variety of illustrations as can be appropriately introduced. It has been found, however, that these adjuvants are not always necessary; and the attention of the class has been well kept up, even where a lecture of fifty minutes has been mostly made up of rather dry details, or somewhat abstruse philosophical definitions."

The reports of Dr. Kirkbride are always eminently practical, embodying the results of his experience and observation in whatever tends to promote the interests of his patients and the insane generally. Our space will not permit us to make further extracts; we must, therefore, refer to the report itself, for other various matters which we are obliged to omit.

3. The *Massachusetts Hospital*, at Worcester, has been enlarged since last year, by the addition of apartments for one hundred and sixty patients, and now possesses accommodations for nearly four hundred, the benefits of which are enjoyed by

three hundred and sixty insane—a larger number than are collected together in any similar institution in this country. The report for the past year, like its predecessors, contains a large amount of valuable statistical and other information, from the pen of its Superintendant, Dr. Woodward.

	Men.	Women.	Total.
Number of patients in the house in the course of the year,	292	264	556
" at the commencement of the year,	128	135	263
" admitted in the course of the year,	164	129	293
" remaining at the end of the year,	192	168	360
" discharged during the year,	100	96	196
" recent cases discharged cured,	57	47	104
" of whom were cured,	49	44	93
" chronic cases discharged,	43	49	92
" of whom were cured,	15	14	29

Table X shows the causes of insanity, and circumstances connected with causes and predisposition to insanity, and is as follows:

Intemperance,	278
Ill health,	318
Masturbation,	145
Domestic afflictions,	219
Religion,	191
Property,	131
Disappointed affections,	68
Disappointed ambition,	33
Epilepsy,	56
Puerperal,	67
Wounds of the head,	26
Abuse of snuff and tobacco,	9
Jealousy,	11
Fright,	14
Palsy,	19
Hereditary, or having insane kindred or ancestors,	565
Periodical,	450
Homicidal,	23
Have committed homicide,	16
Suicidal,	239
Have committed suicide,	11
Arising from physical causes,	918
From moral causes,	667

Many not classed.

The following remarks are of some practical importance.

"The condition of the brain is rendered such by the intemperate use of alcoholic drinks, that even a suspension of their use will not always prevent the occurrence of insanity. With great opportunities for observation, I do not now recollect a single case of delirium tremens arising from the abandonment of intoxicating drinks. I know that many preventives have been prescribed, and that a cautious withdrawal has been recommended to prevent this calamity—yet in my experience of six years as physician of a prison, and thirteen as Superintendant of this Hospital, I have seen many individuals who were broken off abruptly from all stimulating drinks, yet I do not think a single case of this disease has occurred. The reformation of intemperate persons by the modern temperance reform, sustains this view of the subject, so contrary to former theories of this disease. The work of disease is so far advanced in some individuals who have recently reformed, or have pretended to reform from the use of intoxicating drinks, that ordinary insanity has occurred without the apparent intervention of any other causes,—even in those cases the withdrawal of the stimulus cannot be reasonably supposed to have had any agency in producing the insanity."

Dr. Woodward says that, in his experience, the senses, and especially the sense of hearing, have been affected with illusions, in cases of insanity arising from intemperance, and relates several instances of this kind. He then continues:

"Alcohol is not the only narcotic which thus affects the brain and nervous system. Opium produces delirium tremens, and probably insanity. *Tobacco* is a powerful narcotic agent, and its use is very deleterious to the nervous system, producing tremors, vertigo, faintness, palpitation of the heart, and other serious diseases. That tobacco certainly produces insanity I am not able positively to observe; but that it produces a predisposition to it I am fully confident. Its influence upon the brain and nervous system generally, is hardly less obvious than that of alcohol, and if excessively used, is equally injurious. The young are particularly susceptible to the influence of these narcotics. If a young man becomes intemperate before he is twenty years of age, he rarely lives to thirty. If a young man uses tobacco while the system is greatly susceptible to its influence, he will not be likely to escape injurious effects, that will be developed sooner or later, and both diminish the enjoyments of life and shorten its period."

"In our experience in this Hospital, tobacco, in all its forms,

is injurious to the insane. It increases excitement of the nervous system in many cases, deranges the stomach, and produces vertigo, tremors, and stupor in others."

Table XII shows the diseases which have proved fatal in 175 cases.

Marasmus,	37
Apoplexy and Palsy,	20
Epilepsy,	17
Consumption,	16
Disease of the heart,	13
Suicide,	11
Disease of the brain,	7
Typhus fever,	6
Hemorrhage,	5
Lung fever,	5
Cholera morbus,	4
Inflammation of bowels,	4
Dysenteric fever,	4
Mortification of limbs,	3
Dropsy,	3
Diarrhœa,	3
Chronic dysentery,	3
Erysipelas,	3
Disease of the brain from intemperance,	2
Bronchitis,	2
Old age,	1
Gastric fever,	1
Land scurvy,	1
Congestive fever,	1
Concussion of the brain,	1
Disease of the bladder,	1
Fright,	1
Total,	175

The above table is interesting as showing the fatal affections of the insane, to which their disease renders them liable.

Table XVIII shows the causes of insanity as affecting persons pursuing different occupations, and affords some curious results, for which we must refer to the report itself. Then follow some remarks on the effects of education and proper training in preventing insanity.

"When there exists a strong constitutional tendency to insanity, it is a question of serious magnitude to decide what course to pursue with offspring to ward off the danger, and protect the system from its accession. All that can be said of hereditary predisposition is, that it increases the liability to disease; it is never, strictly speaking, a cause. Some other influence must be brought to bear upon the individual before he will have gout, consumption, scrofula, epilepsy, insanity, or any other hereditary disease. The course adopted by parents and teachers in this matter is often a mistaken one. Strong propensities should generally be checked, not encouraged. The student should be taught to be active, and the active be restrained and made to study. If the nervous system is exceedingly susceptible, the muscular and circulating systems should be encouraged to activity, so as to balance this unequal tendency. If the child is disposed to be rough, passionate, and quarrelsome, he should be subjected to gentle influences, mild diet, and female society and instruction. Obedience to well directed authority is essential to any suitable control and solitary management. Unrestrained passion, ungoverned appetite, and unlimited indulgence, are probably more frequently the causes of insanity, diseases of the heart, and other severe nervous affections, than hereditary predisposition; they establish a predisposition where none existed, and may also prove an exciting cause of disease in the very cases in which they have given the tendency.

"There are many cases of children where the mind is too active for the body; intense application wears upon the physical powers and induces disease. In others, all the energies of the system are devoted to gratify animal wants and the lower propensities. Of all things, precocity should be discouraged; the very indication of it is a proof of incipient disease of the brain, which, if encouraged, will inevitably result in concentrating the elements of death upon the brain or some vital organ. The common impression that children must be permitted to pursue their own inclinations in the business of life is not always sound discretion. The character should be moulded by training, and the inclinations be changed when they tend to develope the causes of disease which hereditary propensity or acquired tendency has established. This can always be done by suitable training, and this is the great business of education. It is not so much to store the mind with knowledge, as to train the faculties, lop off excrescences, and cultivate what is feeble and improperly developed, thus making a well balanced mind, fortified to meet the evils of life, to overcome difficulties, and to bear with good spirit the unavoidable calamities that will meet us. Knowledge can be acquired at any age, but the foundation of a useful and

happy life must be laid in youth, when the susceptibilities are tender, and the confidence in parents and teachers, leading to no suspicions of error, is permanent and abiding. Many of the evils of life, the imperfections of character, the sufferings to which after-life is incident, and many of the failures of youth to accomplish anticipated results, arise from education, founded on incorrect principles, and pursued to the accomplishment of undesirable ends. Such are also the foundations of disease, and especially insanity. When we witness the great number of cases of insanity arising from improper influences, education, habits, unrestrained desires and propensities, we have little cause to seek for natural tendencies, but great reason to lament over evils now established in the character and life, which an early, correct discipline would have averted."

Dr. Woodward has been making a series of observations to ascertain the influence the state of the moon may have in exciting paroxysms in cases of periodical insanity. He gives the results of his experience in 125 cases of this form of the disease, in which he has observed 875 paroxysms. Of 86 new paroxysms of excitement, which were noted during the year, 51 occurred at the new and full moon, and 35 at the quadratures,—a result, as the Dr. says, more favourable to the theories which have been promulgated on the subject of lunar influence, but as a whole not sufficient to sustain them. As this is a subject at the present time of close philosophical investigation, he considers that the inquiry should be encouraged, rather than ridiculed and rejected.

4. From the Report of Dr. Brigham we learn, that the number of patients in the *Asylum at Utica*, at the beginning of the year, was

	Men.	Women.	Total.
	131	129	260
Admitted during the year,	151	142	293
Total number in the course of the year,	282	271	553
Discharged during the year,	139	129	268
Of whom were recovered,	76	59	135
" improved,	39	39	78
" unimproved,	14	20	34
" died,	10	11	21
Remaining at the end of the year,	143	142	285

Of 844 patients received since the opening of the Asylum, 409 were married, 392 single, 31 widows, and 12 widowers. The report says: "We continue to receive more married than single persons, while most Asylums in the country receive more single than married. We do not know the cause of this difference."

The following extracts on the subject of mental occupation are worthy of notice.

"Our observation for many years, in various lunatic Asylums, led us a long time since to regard the want of *mental occupation* as the greatest want in modern institutions for the insane. Go into any such establishment, and you will find some few, in winter a very few, at work—some playing cards or other games; yet a still larger class will be found sitting about, listless, inactive, doing nothing, saying nothing, taking no interest in anything going on around them, gathering around the stove, or place that is heated, looking forward to nothing but the hour of eating and retiring to sleep. For a short time each day, when the physician passes around, they will exhibit a little animation, and say a few words, and then relapse into their former condition.

"When the weather is pleasant, some of them walk or ride out occasionally for a short time, but this, to many of the class we are describing, after a few times, seems to be a mechanical kind of business, and confers but little enjoyment; they notice nothing, and say nothing, during the walk or ride, or after it. These patients make but little trouble in an Asylum, and are very apt to be overlooked and neglected, and if not already demented, soon become so. They are thought not to require much attention, as they have good bodily health, and are quiet, consequently they generally receive but little notice.

"*But this class require great attention;* they need mental exercise; they should attend school, and have their minds aroused into mental activity for an hour or two every day. Soon, by this course, their memories will improve; they will become interested in singing or study, and by perseverance soon will be cured, and many, very many, rendered capable of much enjoyment, and be kept from sinking into a state of hopeless dementia.

"Governed by such views, we have rarely repressed any new method proposed by the patients themselves for exercising and improving their minds. Hence we have a *debating society* that meets once a week, which is conducted not only with good order, but with ability. Occasionally original plays are acted. Albums are circulated, also a weekly newspaper, handsomely

printed with a pen; all of which interest and amuse many, and are harm to none.

"In addition to maps and a globe, geographies and historical works for the school, when those that are about will attend, we have a large library, from which the patients obtain books three times in the week. We have also a very large supply of newspapers and magazines.

In some of the halls reading parties are formed, for the purpose of reading aloud new and useful works; as, for instance, at the present time, in our hall, the "Narrative of the United States Exploring Expedition" is being read; and in another, Wiley & Putnam's Library of Choice Reading."

"By these means we have the satisfaction of seeing many patients not only recover from their mental disorder, but that their minds have been improved, a fact of which they themselves are conscious, and for which they are grateful. In repeated instances we have been informed, by the relatives and neighbors of patients who have here recovered and gone home, of their increased intelligence and marked improvement of mind."

Dr. Brigham considers that "we should not remain satisfied with providing curative institutions and comfortable abodes for those affected by insanity, we should endeavour to prevent it by timely care and wise precautions, by avoiding whatever is likely to predispose to it, or to excite it." With the hope that some suggestions on the subject may be useful, he devotes a portion of his report to some remarks on the "prevention of insanity." In this connexion he deems it proper to allude to *the neglect of the study of insanity by Physicians.* We give the following extracts:

"Many physicians, in general practice, are, we think, too apt to consider insanity a disease with which they have little or nothing to do. Hence they often neglect to qualify themselves by study and careful observation to treat it properly. Their attention is not directed to it, the same as to other diseases, by lectures in the medical schools, and they seldom purchase and read the best treatises on the subject.

"It is very true that, in most cases, when the disease becomes established, it cannot be well treated at home. Patients often become prejudiced against their nearest friends, and will not hearken to their advice nor take any medicine. For these reasons, and to remove them from the exciting causes of their disease, as well as to have them treated properly in all respects, it is usually

necessary to place them in an asylum. Still there are instances, though they are not common, where none of these objections nor any other exist to the patient remaining at home, and being treated by his ordinary physician. It is, therefore, very necessary that physicians in general practice should qualify themselves to prescribe in cases of insanity, as well as in other diseases.

"But, admitting that no such cases occur, it is still important for them to thus prepare themselves in order to prevent insanity, and to *arrest* it in its incipient stage.

"We have no hesitation in saying, that if the physicians of the country were fully aware of their duty to the community in this respect, and would exert themselves to prevent insanity by timely advice, and to arrest it in its early stage, that they would do to those predisposed to insanity, and to the insane themselves, an amount of good unequalled by that of the asylums of the country.

"They should understand, and be able to recognize, its earliest symptoms; for, as has been said, insanity often, and we believe we may say most generally, exists in a slight and scarcely perceptible degree for months before it is generally noticed. They should know how liable many are to this disease from hereditary predisposition, from previous attacks, long continued menorrhagia or other diseases, from repelled eruptions and extreme nervous susceptibility, and be able to advise such, and warn them in time of impending danger. How many cases of puerperal insanity, or of that insanity that comes on after childbirth, might be prevented by timely precautions?

"Physicians should study the various causes of mental diseases, and learn the danger of over-excitement of the nervous system, especially in early life, by too strong emotions, by prematurely tasking the intellectual powers, by the improper indulgence of the appetites and passions, and by the neglect of moral and religious education; and thus be able to advise parents and others whenever they are pursuing a course likely to lead to this disease.

"In this way physicians would do great good in individual cases, and also very much towards arresting those alarming *epidemic delusions* that occasionally prevail through the country; a lamentable instance of which is within the knowledge of all, known by the name of 'Millerism,' or the doctrine of the immediate destruction of the world. This has not only sent many to the grave, and rendered a vast number insane, but predisposed, we apprehend, a large number, by the excitement and terror it has produced, to nervous diseases, and to insanity hereafter.

"Physicians are often called upon to give their testimony in

relation to the mental condition of individuals, and sometimes in cases where not only property but *life* is at stake. In such cases their responsibility is very great, and furnishes strong additional reasons for their applying themselves diligently to the study of mental diseases."

We cannot, we think, do better than to conclude these notices with the words of Dr. Brigham. "These brief and imperfect (?) views of the causes of insanity and means of prevention, we hope will not be valueless to the community. They certainly will not, if they awaken the attention of others to the same subjects—subjects well worthy the most careful attention of the patriot and philanthropist." J. H. W.

Julii Vogel Icones Histologiæ Pathologicæ. Tabulæ Histologiam Pathologicam illustrantes, &c. &c. Eslaüterungstafeln zur pathologischen Histologie mit vorzüglicher Rücksicht auf sein Handbuch der pathologischen Anatomie; herausgegeben von Dr. Julius Vogel, ausserordentl. Professor der Medizin in Göttingen, &c. 4to. S. 128. Leipzig, 1843.

Physiologie pathologique ou Recherches cliniques, expérimentales et microscopiques sur l'Inflammation, la Tuberculisation, les Tumeurs, la formation du Cal, &c. Par A. Lebert, &c. Accompagné d'un Atlas de vingt-deux planches gravées. 2 vol. pp. 544, 515. Paris, 1845.

The works before us—one from a German, the other from a French observer—are illustrative of the tendencies of the day, to apply the microscope to the elucidation of the intimate organization, both in health and disease. The very term "pathological histology" was unknown a few years ago. The most striking changes in the organs were then recorded by the pathological anatomist; at present, he proceeds more minutely, and endeavours to depict the intimate alterations of tissue that occur in disease, and can only be accurately appreciated by the employment of the microscope. We have before stated, that to this instrument and to organic chemistry, we may look with en-

couraging anticipations for an improvement of our knowledge of the diseased condition. Already they have thrown much light on healthy histogeny.

Dr. Vogel's plates are twenty-six in number. They are well executed copper plate engravings, containing, in the whole, two hundred and ninety-one figures, of which two hundred and seventy are delineated after nature. Of the plates, twelve are illustrative of general, and the remainder of special pathological histology.

The work of M. Lebert is much more voluminous. It is devoted to the same objects as that of Vogel; but enters, in the text, into a more extended investigation of the various subjects of which it treats. The sections on tuberculosis are especially full. The various degenerations of tissues—and particularly tumours—are likewise described in ample detail; and to the whole are appended memoirs on the formation of callus; on tinea; hydatids of the liver, and on the elementary globules, as observed in pathological products.

The plates in the Atlas are well executed. They are on copper, and twenty-two in number.

A Manual of Chemistry. By Richard D. Hoblyn, A. M., oxon., author of a "Dictionary of terms used in Medicine and the Collateral Sciences." 12mo., pp. 235. Samuel S. and William Wood. New York, 1846.

Of all the sciences, Chemistry, perhaps, lays claim to the most general utility. Important as a knowledge of it undoubtedly is to the physician, it is scarcely less so to the farmer, the artist and the artizan. Whatever, therefore, is calculated to facilitate the acquisition of a knowledge of so important a branch of human learning, is entitled to be regarded with particular favour. We are no advocate of superficial knowledge,—of that smattering which too many seem to regard as perfection,—but contend with the sturdiest for "drinking deep," more especially in what concerns that which constitutes an individual's daily occupation. Still, in studying any branch of science, it is convenient to begin

with a general survey of the subject, before entering upon the minute investigation of particular parts ; just as the artist traces the outlines of his picture before employing the various colours which give to the several parts their distinctive features. In preparing a book on this plan, there is always much difficulty in determining the extent to which descriptions and discussions should go—what to include, and what to omit. Elaborate detail discourages the mind of a beginner by the labour it promises, whilst undue brevity fails to interest it, by the omission of that which is necessary to render the subject clear and intelligible. Hence, a treatise on any art or science, to be adapted to the wants of the beginner, should contain just enough of detail, in facts and illustrations, to convey a correct knowledge of its *principles ;* referring the investigator to more elaborate works for the materials necessary for a profound acquaintance.

It is rarely that we meet with a manual so well adapted for the object of its publication, as the work the title page of which we have given above. It has been prepared, we are told by the author, "for the purpose of affording public or private instruction in the principles of chemistry. The most important facts and theories of the science are stated, in as condensed a form as the subject admits;" and a series of recapitulatory questions is appended to each chapter, for the examination of students.

The work is divided into *three* sections; and beside a short preface and table of contents at the beginning, we have a glossary and index at the end of the volume.

Section 1*st.* Treats of the imponderable agents—heat, light, and electricity.

Section 2*d.* Chemistry of Inorganic Substances—first, of the non-metallic substances, as OXYGEN, HYDROGEN, NITROGEN, CARBON, Sulphur, *Phosporus*, etc. etc.; secondly, of the *Metallic elements*, as Potassium, Iodine, Lithium, Calcium, etc. etc.

Section 3*d.* On Chemistry of Organic Substances—first, of Vegetable Chemistry ; and secondly, of Animal Chemistry.

The work is tersely written, and with so much conciseness, that a great amount of matter is comprised in comparatively a few pages. We know, indeed, of no work on the same subject, that contains so clear and comprehensive an account of the principles of chemistry, within any thing like so brief a space.

Elements of Materia Medica and Therapeutics. By EDWARD BALLARD, M. D., etc. etc., and ALFRED BARING GARROD, M. D., etc. etc. *With Additions and Alterations.* By R. EGLESFELD GRIFFITH, M. D. 8vo. pp. 516. Philadelphia. Hogan & Thompson. 1846.

This is an American edition of a work just out from the London press, and designed for the especial use of students. The object of the authors in its preparation has been to present "the essential points of instruction," conveyed in fewer words than in extended treatises, and less encumbered with extrinsic matter. "The writers desire that it should be looked upon as strictly elementary; and, in so far as the description of the drugs is concerned, nothing more than a compilation." As an "*outline*," as the authors justly style it, the present volume is in the highest degree creditable. The account of the various drugs, as far as it goes, is generally correct, and the chemical and pharmaceutical details remarkably accurate. The only question in the matter is, whether a mere outline is sufficient for the purposes of the student or the practitioner, either for study or reference? We think not. We are of the opinion of Dr. Johnson, that a book should "contain all the reader wishes to be informed of upon the subject laid before him." Meagre details never satisfy the mind, particularly on subjects that demand close investigation and an intimate acquaintance to enable a man to discharge the responsible duties of his daily avocation. For students of medicine especially, it seems to us, that a work designed for their use should be full and complete, as to everything that is *essential* for them to know, and where principles are concerned, some discussion is necessary to enforce them upon the mind. This class of readers, too, rarely have the means to purchase, or the time to examine, many works on any particular subject, and whatever merit there may be in brevity, when carried to an extent that excludes important facts and necessary illustrations, the youthful mind is embarrassed rather than instructed. Notwithstanding these objections to the work before us, it is but justice to say, that it contains much accurate and useful information, and to one thoroughly acquainted with the subject, who

requires little more than brief notes to refresh his memory, will be found of essential service.

To adapt the work more fully to the use of American students, the processes and preparations directed in the United States Pharmacopœia have been added to those of the London College, by the editor, Dr. Griffith. A number of medicinal substances, of native origin, have also been inserted in their proper places, and the descriptions of most others greatly extended or modified. While we are not prepared to justify this liberty with the text by any but the authors themselves, we freely admit that the additions and alterations, made by the editor, add much to the value of the work. The mechanical execution of the present edition is very creditable to the publishers. White paper and good clear type are great recommendations, especially to those who are compelled to read at night, even with the advantages of gas-light.

THE MEDICAL EXAMINER.

PHILADELPHIA, APRIL, 1846.

TO CORRESPONDENTS AND PUBLISHERS.

Several communications and notices of new books, intended for the present number, are unavoidably postponed, but will appear in the next. So arduous have been the editor's labours of late that it has been out of his power to pay his wonted attention to this department of the journal; and he craves a little indulgence, and promises better for the future.

HEALTH OF PHILADELPHIA.

We have thought it proper to speak particularly of the health of the city of late, in consequence of the exaggerated reports that have

been spread throughout the country of the prevalence of small-pox. That disease has so nearly disappeared, that it can no longer be regarded as epidemic; and in other respects, the inhabitants were never more exempt from sickness than at present.

NATIONAL MEDICAL CONVENTION.

In another part of the present number of the Examiner, we have inserted, by request of the Chairman of the committee of the N. Y. State Medical Society, the *Report* submitted to that body, at its recent meeting, by the committee appointed to carry out its resolution passed last year, in relation to a National Medical Convention to be held in the city of New York, in May next. The committee state that "The Medical Schools of Philadelphia are the only ones from whom replies have been received, that decline sending delegates, and giving a hearty support to the proposed measure." How many "Medical Schools" there are elsewhere from which no replies have been received, and that are therefore not likely to send delegates, the committee has not told us; but if our information is correct on the subject, the number of schools and societies who have either declined or not replied, is so great as to render it doubtful whether the Convention that shall assemble will be so composed as to entitle it to be regarded as *National* in its character. "The wish is *not* father to the thought"--on the contrary, we should rejoice if a properly organized Convention, representing all the interests of the profession in the United States, could be assembled, and with pure motives and calm deliberation, devise some scheme for improving the condition of the profession throughout the whole country. Such a Convention would indeed clothe itself with honour, and confer lasting benefits upon the profession and the people. But to accomplish the objects for which alone it should be constituted, the Convention must be held under circumstances calculated to excite no jealousies or distrust--must be held in a central place, if not in the capital of the nation—and must be utterly disconnected with all *local interests* and *personal aggrandizement.*

While the Medical Schools of Philadelphia, for reasons which to them have seemed sufficient, have declined taking part in the Convention now proposed to be held, if that body shall devise any good and practical scheme for bettering the condition of the profession, they will not be the last to adopt it, or the least faithful in carrying it out. As things are, however, they are uncommitted, and will judge impartially of the doings of the New York Convention, when they are before them.

RECORD OF MEDICAL SCIENCE.

On the supposed Binoxide of Protein. By BARON LIEBIG.—According to Bouchardat, if moist fibrine be immersed in water acidulated with a two-thousandth part of hydrochloric acid, the fibrine speedily becomes gelatinous, and on continuing the action of the dilute hydrochloric acid, a solution is obtained, which is turbid. This turbidity appears to arise from a slight admixture of a fatty substance. That portion of the fibrine which is thus soluble in hydrochloric acid, Bouchardat designates by the term ALBUMINOSE, the insoluble part by that of EPIDERMOSE.

Mulder states that this experiment was repeated by Herrn Von Baumhauer. The solution of fibrine in dilute hydrochloric acid Baumhauer precipitated by means of carbonate of ammonia, and treated the precipitate with alcohol. After drying, the precipitate yielded on analysis,

	1.	2.
Carbon,	53.64	55.62
Hydrogen,	6.88	6.73
Nitrogen,	15.88	—
Oxygen,	23.64	—

Mr. Mulder concludes, from these experiments, that "the albuminose is a product of the oxidation of protein, which, no doubt, is formed by the action of the atmospheric oxygen upon the matter formed and dissolved by the hydrochloric acid. It is *binoxide* of protein $= C_{40}H_{62}N_{10}O_{14}$."

We have of late been so overwhelmed with descriptions of substances, which, although greatly differing in their properties, yet, according to their analyses, must be considered as oxides of protein, that I was very desirous of convincing myself, by experiment, of the existence of at least one of them.

I have found, that if we are to understand by the designation, *binoxide of protein*, a substance which contains no sulphur, the substance investigated by Baumhauer cannot belong to such a class of bodies as oxides of protein, since the whole amount of sulphur present in fibrine exists unaltered in this new substance.

In the first place, I observed that the atmosphere and its oxygen have no share in the solution of fibrine in hydrochloric acid. If moist fibrine is allowed to become gelatinous in dilute hydrochloric acid, and the mixture copiously diluted with water, and immediately afterwards filtered, before the solution has taken place, the presence of lime and potass may be detected in the filtered fluid. If the fluid be exposed to the protracted action of a higher degree of heat so as to effect the solution, and a portion of this heated to boiling, with an excess of potass, the subsequent neutralization with acetic acid gives rise to a copious evolution of sulphuretted hydrogen, and a drop of

acetate of lead produces in it a black precipitate. Upon solution of fibrine in dilute hydrochloric acid of the above given strength, therefore, the sulphur remains combined with the other elements of the fibrine. If this solution of fibrine in hydrochloric acid (the albuminose of Bouchardat) is mixed with a solution of common salt, sulphate of soda, or nitrate of potass, the mixture coagulates, forming a caseous or albuminous mass, which may be washed with a solution of common salt, the fluid which runs off, containing common salt, contains no longer any perceptible traces of lime or phosphoric acid: these two substances are, however, contained in the precipitate. The fluid contains no oxygen compound of sulphur, and gives no re-action of sulphuret of potassium when boiled with potass ley. But, according Mulder, the albuminose of Bouchardat is binoxide of protein; were it so, the precipitate ought to contain neither phosphate of lime nor sulphur; but on dissolving it in potass ley, and boiling, and adding, subsequently, salts of lead, a black precipitate of sulphuret of lead is produced, and the action of acid produces an evolution of sulphuretted hydrogen.

This substance is, therefore, not a binoxide of protein.—*London Lancet.*

M. Delpech on the Nature and Symptoms of Varicella.—The *Journal de Medicine* for January and February contains an elaborate article by M. A. Delpech on an epidemic of Varicella, observed at the Hôpital Necker, to which he was then interne (house physician) in the year 1844. The epidemic lasted three or four months, and was confined to the patients of one ward, peopled by infants and very young children. The results at which M. Delpech has arrived, after a careful and minute analysis of the phenomena presented by the disease during this epidemic, are similar to those which have been generally adopted in this country of late years. His researches, however, are valuable as corroborative evidence. The following analysis of the more important parts of M. Delpech's essay will convey a correct idea of the Necker epidemic, as also of the pathological views which M. Delpech so ably advocates.

There were no prodromes, properly speaking; the appearance of the vesicular eruption being merely accompanied, or slightly preceded, by a little fever, heat of skin, nausea, or vomiting. During the course of the disease fresh eruptions would take place, each being accompanied by a renewal of the same general symptoms. The fluid of the vesicles first became lactescent, and then dried, passing through these periods in from three to seven days. The disease, itself, however, often lasted much longer, owing to successive eruptions taking place. On many of the patients, instead of vesicles, there were pemphigoid bullæ, or the latter appeared simultaneously with the former. Not unfrequently, when the vesicles had arrived at the period of desiccation, the crusts remained moist, and the skin continued to secrete pus. The pemphigoid varicellæ were those which most frequently gave rise to the unfavourable occurrence.

The presence of the bullæ seemed to indicate a deeper and more chronic inflammation of the skin; the pus secreted was generally serous. The suppurative diathesis which seemed to exist in these cases can scarcely, however, be considered the legitimate sequela of varicella.

The prognosis of varicella may be always favourable, as it is always a very benign disease; indeed, it has perhaps never been fatal of itself. It may, however, be associated with variolous eruptions, and then the state of the patient sometimes proves alarming. On the other hand, a child whilst labouring under varicella, may be attacked with other severe disease, and thus be placed in a critical position. Thus, M. Delpech mentions having seen a child subject to convulsions, die from an attack which occurred whilst it was affected with single varicella. In so mild a disease, there is, of course, but little treatment required. In the great majority of cases, hygienic means alone are necessary to treat it, or rather to prevent its progress from its being intempestively arrested. Nearly the only medicinal agent indicated is a mild purgative at the end of the treatment. It modifies favourably the purulent predisposition when the latter exists, by repulsive and secretive depuration. When the suppurative diathesis exists, in addition to the use of mild purgatives, topical remedies will be found of use, such as an ointment composed of calomel, one part; lard, ten parts; or sulphur or corrosive sublimate baths.

M. Delpech appears to think that the Necker epidemic of varicella originated spontaneously at the hospital, but that it extended itself in the ward by contagion; for other and adjoining wards were completely free. Nevertheless, he was not able to propagate it by inoculation. Two children, in a ward where there was no eruptive disease, were inoculated with varicella fluid taken from a patient out of the hospital, but without success. This result is confirmatory of various recent experiments, and seems to establish a marked and total difference between varicella on the one hand, and cowpox and variolous disease on the other. M. Delpech is the more inclined to attribute the propagation of the disease in the Necker ward to contagion, from the circumstance of the children being attacked in groups, as if they had been exposed to the cause of the disease at the same epoch, although the length of their residence in the hospital was varied. After a careful and elaborate comparative analysis of the epochs at which the attacks occurred, and of all the data of these attacks, M. Delpech thinks he is warranted in concluding that the disease is transmitted anteriorly to the fifth day of invasion, and probably between the third and fifth. He also thinks that the incubations of varicella may be fixed at about twelve days. M. Delpech's analysis of his case is so minute, that it sometimes requires a strong effort of attention to follow him. His deductions, however, appear legitimately drawn, and the process by which he arrives at them may be offered as a model for the followers of the numerical system.

M. Delpech concludes his essay by a parallel between varicella

and variola. He shows that the origin of varicella is much more recent than that of variola, and reminds his readers that, as long as variola was observed in its primitive intensity, unmodified by inoculation or vaccination, no author thought of confounding the two diseases. Vidus Vidius, the first who gave a good account of varicella, expressly states that it is a different disease to variola or rubeola, as the following sentence testifies :—Quam obrem non videntur tanquam tertia species morbillis et variolis hæ pustulæ adjiciendæ, sed satis est si ad phlyctenas referantur. Varicella has been erroneously confounded with variola by some modern authors, owing principally to the circumstance of the two diseases being occasionally met with at the same time, on the same individual, the one not excluding the other. The separate individuality of varicella, however, is proved,—by its existing in an isolated state, free from all variolous complication, both sporadically and epidemically—by the age of those whom it attacks, nearly exclusively children—by the perfect indifference with which it attacks all individuals, whether vaccinated or not, whether they have had variola or not, even when labouring under varioloid disease, or when recently convalescent from it—the complete absence of all modification in the manifestations of the affection in those who are or have been under the influence of variolous affections—the absence of all immunity conferred by varicella from variola or cowpox—the possible combination, and simultaneous developement of varicella and variola—the impossibility of variola transmitting or giving rise to varicella, or of varicella transmitting or giving rise to variola—the doubtful possibility of transmitting varicella by inoculation, notwithstanding the experiments of Willan, which have been disproved by all subsequent experimentalists—and, lastly, the decided and constant difference in the form and symptoms of the two diseases.

This elaborate essay certainly does M. Delpech great credit. It has been rewarded by the Monthyon prize—a yearly prize, given by the Faculty of Medicine of Paris, for the best memoir on the diseases of the past year, as observed in the Paris hospitals.—*Ibid.*

M. Bricheteau on the Antagonism of Ague, and of Pulmonary Consumption.—This question has been much discussed of late by French medical practitioners, as our readers are well aware. M. Bricheteau, physician to the "Hôpital Necker," analyzes the various communications that have appeared on the subject, including documents from different parts of Algeria, from Bourdeaux, Strasbourg, Lyons, the department of the Ain, Rochefort, Rome, &c.,—all localities in which intermittent fever is rife,—and appears to come to the conclusion that there cannot be said to be antagonism between the two diseases—that is, exclusion of the one by the other; although the circumstances which favour the development of intermittents may be, and in all probability are, unfavourable to the development of phthisis. M. Bricheteau thus concludes his remarks :—

"Although, on examining the etiology of these diseases, we do

not find incompatibility between the causes of phthisis and intermittent fevers, it is impossible not to recognise, either in the climate of marshy districts, or in the influence of marshy miasmata over the economy, conditions favourable to tubercular patients. Our knowledge of this fact is to be referred to the authors of the labours which we have enumerated. But instead of calling to our assistance some obscure antagonizing tendencies, would it not be possible to account for this kind of prophylaxy, by attributing it to the moist uniform heat which reigns in some marshy districts, and which, by favouring the development of fever, may impede that of pulmonary tuberculization. Does not this appear proved by what takes place at Strasbourg, where the climate being both damp and cold, the town is ravaged by intermittent fever and by phthisis; whereas the more southern departments of L'Ain, La Niévra, Le Var, &c., are decimated by intermittent fevers, but offer very few phthisical patients? We may also add, that it is impossible to deny that in all countries intermittent fevers preserve from other affections. The Dutch appear to be aware of this fact, as Boerhaave informs us, that they are in the habit of congratulating themselves on the return of their fevers. The same Boerhaave, along with Hoffmann, Lancisi, and Sydenham, thought that intermittent fevers freed us from various diseases, and even predisposed to longevity: 'Febres intermittentes, nisi malignæ, ad longevitatem disponunt, et depurant ab inveteratis malis.' Some recent writers think that typhus fever is rarely met with in countries ravaged by endemic intermittents."—*Ibid.*

Valerianate of Quinine.—In the *Memoriale della Medicina Contemporanea*, M. Galvani describes the following process for the preparation of the valerianate of quinine. Hydrated quinine, previously well washed to free it from all residue of the sulphate of ammonia, is to be triturated in a porcelain mortar, with a sufficient quantity of valerianic acid at 1000°, (the last product of the distillation of the valerianates of lime and soda, decomposed by sulphuric acid,) and constantly stirred until a perfect neutralisation of the salt is obtained, which may be ascertained by means of test papers. It sometimes happens that the valerianate produced by the supersaturation of the saline solution is precipitated, *en masse*, the solution itself remaining acid; at other times, if an acid be used of equal density, but obtained by another process, the operation does not succeed. In the first case a sufficient quantity of boiling distilled water must be added to dissolve the precipitated salt, a fresh quantity of the alkali being afterwards added to saturate the excess of the acid. The solution of the alkali in the acid being complete, it is to be placed in a water-bath, and, if requisite, so much organic acid added, not that the blue colour of reddened litmus paper be restored (which would risk the having a basic salt,) but in order that the blue may be slightly affected, without absolutely becoming red; by this means it is ascertained that the acid is only slightly in excess. The solution being effected, it is filtered, and set aside in a cold place; after the

lapse of twenty-four hours a first product is obtained, of nipple-like form, of greater or less size, very white, and opaque. The mother-waters are then decanted, and the crystals set to drain. By exposing them in dry air, and neither in the sun nor on a stove, they will dry in a few hours, so that they can be detached entire with a spatula. Their desiccation may then be completed, by spreading them out on pasteboard in the open air. Although the crystals thus obtained have neither the hexahedral nor the octohedral form, and although the quinine in this process is not dissolved in alcohol, they are nevertheless composed of very pure valerianate of quinine, as M. Galvani has often ascertained by chemical analysis. Their odour and form, which differ from those of all the other salts of quinine, will be sufficient to distinguish them by.—*Lond. Med. Times.*

Simultaneous Dislocation of both Femurs.– In the *Gazetta Toscana della Scienze Medicofisiche*, a case of simultaneous dislocation of both femurs is detailed. A peasant, thirty years of age, was thrown violently to the ground out of his cart. He could not rise, even with assistance, and experienced severe pain in the right flank. He was immediately conveyed to the hospital, and M. Andreini discovered a dislocation of the right femur upwards and outwards, which was reduced four days afterwards. At the time of admission something abnormal was noticed in the left limb, but as the patient did not complain of pain, and said there was always something wrong with it, and the bone was found not to be broken, no further notice was taken of it at the time. After the right femur had been reduced, it was found impossible to bring the legs together, and the left appeared longer than natural, and turned outwards. It then appeared that, although there still was no pain, the left femur was dislocated downwards and inwards; the deformity spoken of by the patient merely consisted in a slight enlargement of the knee-joint. The dislocation was accordingly reduced, and the patient completely recovered.—*Ibid.*

Pelvic Abscess.—Dr. Henry Bennett describes a case of pelvic abscess, following phlegmonous inflammation of the cellular tissue of the lateral ligaments, which burst into the vagina. By rest in bed, emollient injections, tepid hip-baths, and salines, the immediate effects of the inflammation were removed, and the remaining tumour occupying the seat of the abscess, was gradually absorbed. A large ulceration of the cervix uteri was also cured by repeated cauterisations with the nitrate of mercury and the nitrate of silver.—*Ibid.*

Expulsion of Entire Ova.—Dr. Mackness relates a case of twins, both of which were expelled separately, enclosed in the membranes, and when the latter were opened appeared to be still-born. By assiduously endeavouring to excite the function of respiration by inflating the lungs, dashing cold water over their bodies, wiping them dry,

and having their skins well rubbed, both infants showed signs of animation, and on being exposed to the warmth of a fire, cried lustily. *Ibid.*

Ovarian Dropsy.—Mr. Eager, in the *Provincial Medical and Surgieal Journal*, narrates the case of a young married woman labouring under ovarian dropsy, in whom the cyst ruptured, and extravasated its contents into the peritoneum, inducing subacute peritonitis. The inflammation was subdued by appropriate treatment, and the absorption of the effused fluid went on rapidly. The patient recovered.—*Ibid.*

The disease which has proved so destructive among the cattle in the southern provinces of Russia, is said to present all the symptoms of the cholera. Those who remember the progress of that scourge in 1830–31, state that the same phenomena are met with in animals labouring under the present epidemic, as were then seen in persons affected with the cholera.—*Ibid.*

Phlebitis cured by the constant application of Snow.—A man, aged sixty, of robust constitution, was bled in the right arm, November 30th, 1840, for the removal of plethora. Next day he felt a tightness in the bend of the limb; the small wound became tense and inflamed, and began to suppurate. On the 10th of December intense fever, succeeded by delirium, declared itself. Dr. Margariteau was called in on the 17th. The disease was then making progress; the arm and fore-arm considerably swollen, and of an erysipelatous hue; and the vein, in its course to the axilla, indurated, and of the volume of a finger. Forty leeches, followed by emollient cataplasms, were applied to the fore-arm; an opiate potion and rigorous abstinence prescribed. 18th, March the same, no delirium during the night; fever as violent as ever. Night of the 19th; much worse; the delirium returned with aggravated violence. Forty leeches were again applied to the limb, and the opiate potion continued. The inflammation, notwithstanding, went on to such an extent that the integument of the whole arm assumed a livid colour, and began to separate; and all the formidable signs of a speedily fatal termination were developed. At this time it was determined to combat the inflammatory action by enveloping the whole limb in cataplasms of snow, which then covered the earth; care being taken to renew them night and day as the snow liquefied. This treatment was commenced on the 20th of December; its effects were marvellous. During the first twenty-four hours, the pains of the limb disappeared; the fever and delirium abated; and the patient passed a tranquil night. Next day, the tension and redness were considerably less; and all the constitutional symptoms alleviated. After six days' unremitting use, the patient could no longer bear the application of the snow, and it was discontinued. The danger was then past. There was no fever; and, although the arm remained swollen, the sense of heat and pain had disappeared. From

this moment, recourse was had to methodical compression by means of a spiral bandage applied from the fingers to the axilla, and moistened with Goulard-water (Aqua de vegeto.)

After this, the tumefaction of the arm gradually subsided; but a degree of induration remained in the whole track of the vein, more especially in the axillary region. And, although, for the space of six months, the limb could not be moved without pain, the patient regained his health, with no vestige of the injury remaining, except some enlarged superficial veins.—*The Medical Times.*

Gunshot wound of the heart, without perforation of the Pericarduim.—Professor Holmes records, in the *British American Journal*, a case which seems to show the possibility of such an occurrence. An individual had received a gun-shot wound of the left side of the chest, and died soon after. On removing the anterior walls of this cavity, "the appearances presented were, a bloody ecchymosed condition of the anterior part of the left lung, as it laps over the pericardium, a bloody and infiltrated state of the cellular substances lying on the pericardium, and an ecchymosis of the extent of about an inch and a half, filling the anterior edge of the right lung, where it lies in contact with the pericardium. The pericardium evidently contained a large quantity of fluid, the nature of which was denoted by the colour of the membrane."

The lead which had caused the injury was found in the right pleural cavity, but its course could not be traced. No perforation of the pericardium, which was filled with blood and serum, could be found; but on its being laid open,

"There was seen on the anterior wall of the heart, penetrating the right ventricle, a transverse linear opening without laceration at the margins, which were smooth, and rather turned inwards, and sufficiently large to admit the finger."

The difficulty of explaining this occurrence is considered by the writer; and he first argues that this injury was not likely to be the result of a spontaneous rupture. He refers to cases recorded by writers on military surgery, which show that pieces of linen and other clothes have been sometimes driven without being torn, into wounds; and thus that balls have been withdrawn inclosed in a kind of purse. Somewhat similar is the author's explanation of the present occurrence:—

"Entertaining," he says, "no doubt that the wound was caused by the direct contact of the ball, driving the pericardium before it, I think the manner of its formation may be more readily understood by supposing that at the instant of being struck, the heart was in the act of contraction, its fibres hard and rigid from their muscular action. In this state the ball suddenly impinging produced an effect similar to what happens to an over-braced harp-string when struck. The fibres snapped across."—*London Lancet.*

Surgical Society of Ireland.—At a meeting of the Society held in Dublin, Nov. 29th, 1845, Dr. Beatty said he was about to bring under the notice of the society a case which was possessed of considerable interest in many points of view. The specimen before them was a monster, which had been sent up for exhibition by Dr. Purefoy, of Cloughjordan, the account given being as follows:—It was one of four children, born of the same mother at a single birth, three of whom were born alive and healthy. The first child was born at ten o'clock at night; in fourteen hours after a second appeared; in an hour after this monster came forth; and in an hour after that, the fourth, a living child, was born. The only cause assigned for the occurrence was, that the mother had suffered considerable mental distress at about the seventh month of her pregnancy, from having seen the mutilated corpse of a cousin who was murdered in the neighbourhood; to this circumstance the neighbours were disposed to attribute the occurrence in question. The case was remarkable (Dr. Beatty observed) first, from the plurality of children; secondly, the birth of three alive, and in perfect condition; and thirdly, from the supposed cause of the occurrence which he had just mentioned. No examination had as yet been made of the preparation, as he was anxious to present it in as perfect a form as possible. It appeared to be, he said, one of those acephalous monsters, with, in addition, considerable deformity of all the limbs. Looking in the situation of the vertex, traces of the remains of a skull could be observed, and the specimen was found to differ from the ordinary acephalous monsters in their being no face. A slight projection occupied the natural situation of the nose, but no trace of any other feature existed. The upper limbs were particularly distorted, the arm being exceedingly short, and an absence apparently of the forearm, there being at the extremity of the arm a fin-like process representing a hand; the body, thorax, and pelvis appeared pretty natural, though very much misshapen; club feet were attached to both lower extremities; there was no trace of an anus; the dorsal region presented nothing unusual, there being no appearance of *spina bifida*. The monster was of the male sex. While thus examining the specimen, Dr. Beatty observed, the subject of monstrosity at large seemed to suggest itself for consideration, so that a few observations on that question might not be inapplicable just then. All present were no doubt aware, he said, that at the present moment the subject of monstrosities has given rise to a great deal of speculation in the minds of inquiring persons, leading to differences of opinion as to classes and kinds, some founding a classification arising from a redundancy of parts, as in children born with supernumerary fingers and toes, an occurrence by no means common; others, again, founded a classification depending on deficiencies of parts, for instance, of the arms, or legs, or the absence of the hand, and soforth. Again, monsters were to be found with all the parts apparently present, but in a misshapen condition, the arms and legs being both perhaps pretty naturally formed, but short and deficient in size, &c. The cases presenting a deficiency of all the parts had

been classified as conglomerate or mixed prodigies, their being apparent only a mass of flesh, and to this class of cases he would call their attention presently. A very common cause of monstrosity, he would remind them, was a deficiency of the upper part of the calvarium, called cat-headed, from the resemblance to that animal. This, he observed, would appear to be the case in the fœtus under examination, but presenting, in addition, an example of deficiency and of misshapen parts. A question with many has been the cause of the deficiency of the calvarium in these cases, and among a great many opinions offered, it appeared to him that the one now put forward by Rudolphi of Berlin, was nearest the truth. Rudolphi is of opinion that in the ordinary acephalous fœtus the deficiency of the brain is attributable to the fœtus in utero having got hydrocephalus, the fluid in which continues to increase till it bursts through the brain and its investing membranes, and finally through the integuments, the fœtus escaping with life, but born without the brain, and with complete absence of the upper part of the head. In the museum at Berlin, are numerous specimens prepared by Rudolphi, exhibiting the disease in all its stages,—one with the head so enlarged by fluid as to be on the point of bursting; another, with a projection through the integuments of a vesicular character, the covering being a very delicate membrane through which the contained fluid is seen, and the brain, apparently, totally destroyed. From these and other proofs, Dr. Beatty considered that we are justified in accepting Rudolphi's explanation of the occurrence of acephalous fœtuses as the one most likely to be correct. Now, with respect to mental impressions, he would observe, that this is a vexed question, and has been for many years; however, numerous instances on record go to show that some connection exists between impressions made upon the mother and the fœtus in utero. He would not of course detain them by going into a detail of all the occurrences of this sort which might be adduced, but would just mention two striking cases which had come under his own immediate knowledge, selected from his father's case-book; one was that of a lady, who, in the sixth month of her pregnancy, while walking on the South Circular-road, was accosted by a strong sturdy beggerman who solicited alms; she walked on, taking no notice of him, but he, finding his persecution unavailing, drew aside his coat and presented the short stump of an arm that had been removed half way between the shoulder and elbow. The lady, greatly shocked at the sight, got home as fast as she could, but went on well up to her full period; immediately on the birth of the child, however, she asked, with great anxiety, whether there was anything the matter with it. Dr. Beatty's father had heard nothing of the foregoing occurrence, and was of course surprised at the lady's asking the question, but on looking at the child there was found only one arm complete, the other being only a stump, as if after amputation. Such was the story, upon which it was for the society to set what value they pleased. The next case was one recorded several years after, in which the child was born with six fingers on each hand. The lady stated that when about five

months pregnant, a person sitting in the same room with her was suddenly seized with epilepsy, and the patient's hands moved so rapidly that the fingers appeared to the lady to be multiplied to an immense number. She could never after banish the vision from her mind, and her child was born with these supernumerary fingers. Here, then, was another remarkable instance to be added to the general mass of facts in relation to this subject. In the case to which he more immediately drew the attention of the society this evening, there existed, as he had before observed, a plurality of children. It was very rarely indeed, he said, that four children are produced at a single birth, so that the present case furnished an additional evidence of the prolific character of the females of this country, although it was stated by Devereux that in America the number of twin births far exceeds those of any other country in the world; while it is maintained by Mr. Collins of this city, that the occurrence of twin births is much more common than in any other country. A note in Ramsbotham's work, however, he thought offered rather a satisfactory explanation of these two conflicting opinions. It is perfectly well known, he says, that America is to a great extent peopled by the Irish, there being of course a mixture from other nations, but the tendency was clearly to a majority of the population being constituted by the Irish. Dr. Beatty had brought with him, he said, drawings of two celebrated monsters formerly exhibited to the society; his object in presenting them now was not, he said, with a view of making much use of them on this occasion, but merely for the purpose of comparison. One of these cases had given rise to the late Dr. Houston's celebrated paper on the means by which the circulation is carried on in monsters generally, and which had been the occasion of a very spirited controversy between him and a gentleman in England. In that case there was no heart, thorax, head, or upper extremities. The other drawing represented a very remarkable specimen of monstrosity by fusion, which had been exhibited to the society by Dr. Speedy some time since, and was, Dr. Beatty observed, as curious an example of this class of monstrosities as ever he had seen, the only trace of anything like limbs being two fin-like processes, but there was in no other way the slightest resemblance to a human being.

Dr. Darby said it had not been his intention to take any part in the discussion, but the occurrence of an instance bearing upon the subject under consideration was just before his mind. About a fortnight since he had been called up about four o'clock in the morning to a twin-case, the second child being a monster, on seeing which the midwife was so frightened that she sent immediately for him. On arriving, he found nothing remarkable in the state of the woman, and on examining the monster, it presented no signs of life; it appeared at first view to have but one head, but on closer inspection two distinct brains were apparent at the back of the head; in the front there was a single forehead, but there was apparently two faces lying together, and united at the chin; the upper lip was perfect; the under one was divided. There was four eyes, and at the upper part of the back there

was spina bifida. The woman had previously given birth to several children, and on one occasion to twins; some of the children had evidently a scrofulous tendency, the woman herself being also of an apparently scrofulous diathesis. He was not aware that there had been any mental impression received in this case. The question of mental impressions was undoubtedly a most important one. Mothers were every day to be met with who could hardly be persuaded that their children would not be born with some imperfection from their having themselves received some fright; hence it would be a great matter, he thought, if men in practice would try to do away with these notions; his own impression was, that they were mere superstitions. While assistant to Dr. Macartney formerly, he had often dissected subjects in whom a hand or foot had apparently been lost, but on examination the fœtal rudiments of these limbs, were to be found enveloped in integument at the end of the extremity.

Dr. Power observed, that he thought a great means of settling the question of mental impressions would be the ascertaining at what particular stage and development of the fœtus the impression was received; if, for example, in hare-lip, such impressions were made before the time at which union takes place between the two halves of the upper maxilla, or in the case of the arm, whether the impression had been made previous to the lying down of its rudiments, the influence of these impressions might then be said to be so and so. With respect to the case of the lady six months pregnant, which had been alluded to by his friend Dr. Beatty, it necessarily became a question whether the mental impression produced absorption of the hand and of a great part of the forearm, or whether a long time before, the accident at a very early period, induced an arrest of development, had not arisen from some cause. These, he thought, were two questions worthy of consideration. For himself, he was inclined to the opinion that these cases were rather to be looked on in the light of coincidences than as consequences of such accidents. It would be rather difficult, he thought, to conceive the possibility of absorption of the forearm in Dr. Beatty's case; therefore, the other explanation might be the more feasible one.

Dr. Beatty hoped the society were not of opinion that he was an advocate for the accuracy of the popular belief respecting mental impressions; he merely mentioned these two cases as historical facts, without offering any opinion upon them. It was for the society to give them whatever weight they seemed entitled to. A satisfactory means of accounting for the case of the lady might, he thought, be derived from the opinions of Dr. Montgomery, who, in some very elaborate papers on this subject, attributes the occurrence of amputation in cases of this kind to the formation of certain bands of organized lymph, between which the limb becomes entangled, and absorption effected by the gradual tightening of them. The limb being frequently found in this detached manner at the birth of the child demonstrates the truth of Dr. Montgomery's statements.

Mr. M'Coy took occasion to remark that in the question under con-

sideration, he believed a man might almost throw himself into either scale without losing weight. In perusing the mass of French details of the effects of mental impressions during pregnancy, it would not be easy to predicate whether even a strong mind would incline to an admission of a possible case being made out of cause and effect, or plead mere coincidence for its infidelity. One thing, however, is certain, that women themselves are firm believers, that marks and monstrosities are generally, if not always, owing to physical or mental causes acting from without during utero-gestation ; and whether the question is to be solved through physiology or metaphysics—by the transcendentalist or pathologist, it is unquestionably one of much interest, even from the doubts it has caused.

Dr. Mitchell would be very far from denying altogether that mental impressions were incapable of producing any effect, for there were certain circumstances connected with them which it was impossible entirely to overlook. He might remind the society of an acephalous fœtus which he had exhibited to them the winter before last ; it was a six months fœtus, the mother while at her washing-tub had a cat thrown on her back by her brother, and the society was acquainted with the remarkable facts that attended the birth of the monster, which lived and breathed for forty minutes. Amongst the very curious points connected with that case, there was an extraordinary development of the platysma. Viewing that one case alone, he contended that some weight should be given to the doctrine.—***Dublin Medical Press.***

Objections to the Vegetable Origin of Porrigo Decalvans.—Mr. Horne writes a letter in the Lancet, containing what appears to us very unanswerable objections to some observations of M. Gruby, quoted in our last number, purporting to prove the vegetable origin of Porrigo Decalvans. Mr. Horne remarks :—

" The first objection I have to make is, that instead of the bald surface being covered with dry scales, or a white bran-like powder, as M. Gruby supposes, this condition never exists in the disease under consideration, the external appearances of porrigo decalvans presenting a bald, smooth, and remarkably shining indentated surface.

" If the disease produces no powdery secretion, we have none to examine ; therefore I pass to the second objection,—'The hairs usually break off at the point where they are invested with the vegetable covering.'

" In porrigo decalvans the hair falls out, bringing the bulb with it, through absorption of the adipose structure, in which the bulbs are included, and from which the hair draws its nourishment ; the absorption of this matter produces the remarkable indentation or flattening in each bald patch, and constitutes the pathological nature of the disease.

" Now, in the common ringworm of the scalp, the porrigo scutulata of Willan, to whom we are indebted for the term decalvans, the hair does fall or break off, and is covered with an incrustation.

"Third objection: 'the vegetable nature of porrigo decalvans is a fact that speaks for the contagiousness of the disease.' Now, porrigo decalvans is not contagious, and this the professor may take for granted, as my opinion is not grounded on the result of a few stray cases, but from facts observed daily in this particular disease for some years back. The conclusion that I have come to is, that M. Gruby, and the promulgators of his hypothesis, have confounded one disease with another. I do not say with the porrigo scutulata only, for there are other diseases of the scalp, with which those not practically acquainted with them, may very easily confound it."—*Lancet*, Feb. 10, 1844.

Mr. Horne has M. Gruby completely on the hip.—*Medico-Chirurgical Review.*

Rima Glottidis closed by Warty Vegetations.—The case was related by Dr. Stokes, at the Dublin Pathological Society. The patient was a house-painter, aged 34, admitted into the Meath Hospital. He had colica-pictonum thirteen times, and his upper extremities had been paralysed three times. His voice had gradually become very weak, and about eight months ago, he became troubled with cough and expectoration of a viscid mucus, but had neither hæmoptysis nor pain in the chest. At the time of his admission he was extremely emaciated; his countenance pale; lips blue; mouth, teeth, and tongue covered with sordes. His aspect was altogether that of a person suffering from profound disease, and whose constitution had completely given way. There was difficulty of breathing. On looking into the throat, nothing could be perceived but general relaxation. The uvula appeared enlarged, but there was neither ulceration nor cicatrix in the throat. The epiglottis felt healthy, and was not enlarged. There was no dysphagia, and no tumour in the neck. The respiration was sometimes difficult, sometimes easy and tranquil; there was never orthopnœa. There was occasionally stridor, but it was very slight, and only occurred when the patient was excited. The voice was very weak. The respiratory murmur was almost inaudible; sometimes some slight bronchial rales would be heard in the chest; sometimes a very slight degree of dulness might be perceived. The impulse of the heart was well defined, and the sounds normal. When the respiration was suspended by voluntary effort, the first sound of the heart became inaudible. The difficulty of breathing increased, but there were no violent paroxysms of it. The stridor would, perhaps, accompany three or four inspirations, and then intermit. At night there was some slight aberration of mind, but when roused he was perfectly intelligent. He had been despaired of from the time of his admission, and died in about a week afterwards. After death the body was examined. It was then found that the glottis was completely obstructed by a growth of warty vegetations round the lips of the orifice, which was so perfectly closed, that water would not pass through into the larynx when poured upon it. There was nothing else of consequence.

There had been a case some time ago in the Richmond Hospital, the symptoms of which were great dyspnœa, occurring in paroxysms, with stridulous breathing and raucous voice. In that case the obstruction of the larynx depended on the growth of excrescences about the glottis; it was connected with syphilis, and was relieved by tracheotomy. In the present case there had never been any syphilitic affection.—*Dub. Journ.*, March, 1844.

Malformation of the Uterus: one Kidney Deficient: Ptyalism caused by the Internal use of Bismuth. By John Cardew, M. D., Physician to the Bath Hospital.—Ann Hitchings, aged 38, was received into the hospital July 7, 1845, upon the recommendation of Mr. Thomas Warner, of Cirencester, by whom, conjointly with Mr. Charles Pooley, the following interesting history of her case was kindly furnished.

She was four feet two inches in height, and always of an active bustling disposition, up to the commencement of her first illness, eight years ago. She did not menstruate till between the twentieth and twenty-first year, and afterwards very irregularly, the interval between each return varying from a week to five months. The catamenia were always scanty and pale, but unattended with pain or uneasiness of any kind. The statements with regard to the urine were conflicting; one account representing it to be copious, very pale and inodorous, and slightly albuminous; while the patient's mother-in-law now asserts that it was always scanty, and that she had frequently known her pass a whole day without voiding any. During the time she was in the hospital, the secretion, both as to quantity and quality, agreed with the former of these representations. She attributed the origin of her complaint to a violent cold caught by gleaning in a wet field; when she began to suffer from a dull aching in the loins, disabling her from lifting anything weighty, and accompanied by a sharp lancinating pain, which she described as shooting all over her, and, for a minute, taking away the use of her legs. These shocks recurred as often as four or five times during the day, and unless she was near any support, she generally fell. Her arms were sometimes affected, but not often. Her principal uneasiness was confined to the loins, and not at all to the spine itself. About two years after her marriage she became very large, and from the suppression of the catamenia during seven months, thought that she was pregnant, but the swelling gradually subsided. Since then she had only menstruated two or three times, and five years had elapsed since the last appearance of that discharge. Her husband stated that she was quite like other women in regard to sexual desires. Her countenance was pale and sallow; she complained greatly on being touched, and screamed aloud if the fingers were passed rapidly over the abdomen; but firm pressure caused her no uneasiness. For some time she had been subject to twitchings of the muscles of the face, and frequent winking of the eyes, with intolerance of light; but her head had never been much affected. She had also, at different times, attacks of what

might be called congestive pneumonia, but, on two or three occasions, they partook apparently of a more active character, attended wiih membranous inflammation, so that venesection was had recourse to, when the blood presented the usual buffy aspect, and once or twice to a great degree.

At the time of her admission into the hospital, her skin was dry, and rather hot; her tongue clean; bowels rather costive; pulse averaging 84, small and easily compressible; appetite good; auscultation good throughout. The singular screwing up of the features and winking of the eyelids, seemed to proceed from some affection of the base of the brain; while the impaired motor powers, and excessive sensibility of the integuments of the abdomen, appeared to have their origin in a morbid condition of the spinal membranes; but as she had neither pain nor heat in the head, nor tenderness at any part of the spine, and as at an earlier period she had been subjected to local depletion, and counter-irritation, it was considered that no active disease was in progress, and that the treatment should be directed to repairing the consequences of former inflammatory action. With this impression she was directed to use the bath, and her bowels were regulated by aloetic aperients; and after a time, she was allowed to drink the Bath waters.

Up to the 21st of August there was little change in her state, but as she then complained much of gastrodynia, she was ordered to take, twice a day, five grains of trisnitrate of bismuth, with a cordial alkaline draught. This treatment was continued until the 26th, when a profuse salivation supervened, precisely resembling, in the appearance of the mouth and fœtor, that occasioned by mercury. She was now kept in bed, had her bowels attended to, used gargles, and had nourishing slops, with eggs, &c.; to which was added, on the 4th of September, four ounces of sherry daily. On the 12th and 13th her mouth began to mend, and her general state to become more comfortable; but on the 14th, her evacuations having passed involuntarily, it was necessary to change her linen and bed-clothes. As usual when moved, she complained bitterly of this process, but did not apparently suffer from it until the evening. Mr. George was called to her at nine o'clock, when her extremities were cold, her pulse fluttering, and her breath had that stertorous character which is met with in scarlatinous patients, whose throats are badly effected. Sinapisms, hot bottles to the extremities, and internal stimulants failed in exciting any reaction, and she died at ten the next morning.

Examination thirty hours after death.—The brain and the membranes investing its upper surface were perfectly healthy; but the pia mater at the base, showed much vascularity, and the vessels became more numerous where that membrane was continued over the medulla oblongata; in the right lateral ventricle were about ten drachms of serum, and twenty in the left; the pia mater was much injected throughout the whole length of the spinal cord, the vascularity being most intense at the commencement of the cauda equina;

the theca vertebralis contained six drachms of fluid. There was no effusion into the cavity of the chest; the lungs exhibited some venous engorgement, but were not otherwise unhealthy; the heart flabby, and, like the other viscera, small. Notwithstanding the general emaciation of the limbs, there was a thick layer of fat upon the muscles of the abdomen, as well as in the omentum and mesentery; the stomach and intestines were healthy; the left kidney was small and pale, but not granular. On the right side *no vestige of a kidney could be traced.*

The uterus was divided into two portions, connected by a narrow neck; the lower part, in the centre of which was the orifice, was of about the size of a cobnut; the upper part, an inch and a half in length, was of the thickness of the little finger of a small hand.—*Prov. Med and. Surg. Journ.*

The Tetanic Face.—The late Mr. Colles, lecturing on Tetanus, says:—

"'It is very peculiar, and if once looked at with attention, can never be forgotten. The forehead is wrinkled, both transversely and in the perpendicular direction, the eyebrows being drawn in a remarkable manner towards each other; the eyes are not fully opened; the nostrils more or less dilated; and the angles of the mouth drawn backwards and a little upwards. There is generally an expression of uneasiness, and slightly of apprehension; the mouth is not quite closed, and the teeth are seen; the body is sometimes hot and dry, but oftener the upper part is covered by perspiration, at times profuse.' Dr. Colles then remarks that, 'There is no disease which has been so often confounded with others as tetanus, although the symptoms are so well marked. For my own part, I think the countenance would, in every case, be sufficient to distinguish it from all others. I never saw but one description of face, one tetanic expression of countenance; it is the same in all cases; it is the first thing that gives the alarm, and the last symptom to depart. Even where a patient recovers, and is able to go about his business, that tetanic face remains. I believe it never leaves him.'"—*Dub. Med. Press*, Jan. 31, 1844.

There is much truth, though, we think, a little exaggeration in this. The expression of Acute Tetanus, or of Chronic, during the spasm, is certainly characteristic. Even in the intervals of the attacks, the anxiety, combined with the perspiration is peculiar. But we cannot say that we have observed any thing particular in the aspect of those who have recovered.—*Med. Chir. Review.*

Case of Cephaloma, cured in the Foot, subsequently developed in various Internal Organs. By Richard Francis George, Esq., Senior Surgeon to the Bath Hospital.—A healthy woman, aged 35, in October, 1843, discovered in the hollow of her left foot, a painful purple tumour of the size of a pea, which continued to increase for six weeks, when, the skin cracking over it, she first sought medical

advice. From December to June, in the following year, when she came to reside in Bath, where applied in succession, poultices, strappings, nitrate of silver in solution and substance, Bates' copper lotion, a double ligature, potassa fusa, and finally the caustic paste, while her failing powers were attempted to be sustained by a generous diet, with quinine and steel. At the time she came to Bath, the tumour had attained the size of a pullet's egg, but was circular in form and much elevated; its surface was smooth, of a purple chocolate colour, and bled upon the slightest touch, while the edges of the surrounding skin were hard and everted; and in the integuments, for four or five inches round the tumour, were scattered several smaller ones, firm and rather insensible, resembling in colour and shape the original at the time it was first noticed. The glands in the upper part of the thigh were enlarged and tender; the patient's complexion, naturally dark, had acquired the sallow leaden hue, which usually accompanies malignant disease; her flesh and strength were gradually decreasing, her appetite was bad, and her nights rendered sleepless by pain.

The obviously malignant character of the tumour, and the state of the femoral glands, forbidding the doubtful resource of amputation, the woman was directed to apply moistened linen to the part, and to take three times a day twenty drops of Brandish's alkaline solution, combined with cascarilla, with the view, if possible, of causing some renewal of appetite and strength. For the first five weeks that this treatment was pursued, no perceptible change took place, either in the tumour or health; but in the sixth week there was an evident improvement in both, and when the patient left Bath, in September, she had recovered her appetite and strength, and her complexion had nearly regained its natural colour, while the tumour, contracted to the level of the neighboring skin, had firmly cicatrized, many of the surrounding tubercles had disappeared, and the glands in the thigh were much reduced in size.

The woman remained well, both as to her foot and general health, up to the end of May in this year, when, though no change appeared in the former, her appetite and strength began to flag. On the 15th of June she was seized with vomiting and purging, followed by pain in the region of the liver, and jaundice, and she died on the 11th of July. During the month which preceded her dissolution, the femoral glands had attained the size of a large hen's egg; and many small, firm, pale tumours, appeared beneath the skin covering the thorax and abdomen, some of which were accompanied by enlarged veins, and small extravasation of blood.

An examination was made eighteen hours after death. There were two small pearly deposits beneath the pleura of the lower part of the left lung; both lungs were studded with cephaloid tubera in every stage of degeneration; two very minute tubercles were deposited in the subserous membrane of the left ventricle of the heart; the liver was much enlarged, and throughout was crowded with innumerable cephalomatous tubera, varying in size from that of a small

shot to that of a pullet's egg in every stage of growth, and all more or less deeply tinged with yellow; the substance of the liver was gorged with bile, and in the vicinity of the larger tumours shewed much vascular congestion. In the sub-mucous tissue of the ileum were two purple, oval, flattened tumours; the inguinal glands were connected with a still larger mass, lying behind Poupart's ligament; both were of a firm texture, and of a uniform white colour.

The paper was illustrated by coloured drawings of some of the morbid growths in the lungs, liver, and intestines, made by Mr. Hensley, as well as a beautifully-coloured cast of one of the tumours in theileum.—*Prov. Med. Surg. Journ.*

Fracture of the Sacrum impeding Delivery.—By A. H. David, M.D., Montreal.—Madame C——, of delicate frame, 30 years of age, about four months pregnant with her fourth child, was coming down stairs, when her foot slipping, she fell and bounded on several steps till she reached the bottom one. She immediately felt excruciating pain in the region of the sacrum, and was obliged to be carried to her sofa, as she was quite unable to rise. The pain continuing, her ordinary medical attendant was called to see her. He bled her and gave her an anodyne, and ordered the part to be rubbed with strong camphorated liniment; he was very anxious to make an examination to discover the cause of the great pain, but she would not consent to his doing so. The pain continued for some weeks, but gradually subsided, and some three months after the accident she was able to attend to her ordinary duties for a short time, but the pain soon returned again, and continued with such unabated violence, till the full time of her pregnancy, as to induce serious apprehensions for her safety.

Labour commenced on the 22d, June, and Dr. Badeau finding it impossible to deliver, requested me to see her with him, after she had been about five and twenty hours in labour. The pains were very active, and as far as could be ascertained, the os uteri was fully dilated, but the vagina was almost completely closed by a hard tumour, connected, apparently, with the sacrum, and, on inquiring into the case,we learned the foregoing history. She was exceedingly weak and emaciated, in consequence of the length of time she had been suffering, viz., from the end of January to the end of June; and from the certainty that the child had been dead for some time, I suggested the propriety of immediately performing craniotomy, in which Dr. Badeau fully coincided with me. After much loss of time before Madame C—— could make up her mind to submit to the operation, I proceeded, towards the morning of the 24th, to break down the head, and succeeded with more ease than I had anticipated from the closure of the vagina. After completely succeeding in this, I desisted from proceeding to extract the child for a short time, at her earnest request, and on my wishing to resume some two hours after, she most distinctly refused to allow me to do anything; and notwithstanding the repeated wishes of her priest, who was with her all the time, and the entreaties of her husband and friends, declared her rea-

diness to die sooner than allow herself to be touched, and as she persisted in this determination, we had no course left but to see her gradually sink before our eyes, and during her expiring efforts the mutilated remains of her child came from her.

Having obtained permission to make an examination of the sacrum, we found that bone broken into four pieces; two of them projected out of its usual line, and all were joined by a firm callous band, which formed the projection into the vagina, and completely prevented a natural discovery.—*Brit. Am. Journ. of Md. and Phys. Sci.*

Remarks on Fractures in Ricketty Subjects. By M. Guersant, Junior.—In children affected with rachitis, the consolidation of fractures is extremely slow; sometimes after eighteen or twenty months solid union of the fractured bones has not yet taken place; this non-consolidation is doubtless, closely connected with the existence of rickets; and this particular diathesis has not only the power of delaying the cure, but interferes also with it, during its progress by the production of some special accidents. Thus ricketty subjects are predisposed to thoracic, abdominal, and cutaneous affections. Now, when any one disease referrible to the lungs, the stomach or the skin supervenes during the treatment of a fracture, it may be safely prognosticated that the union of bone will be slow, and that the slowness of the cure will be proportioned to the intensity of the complication. Thus, if a ricketty child is affected with bronchitis or pneumonia during the treatment of a fracture, you may pronounce that the consolidation will be protracted. The prognosis will be the same if diarrhœa occurs. As to eruptive fevers, measles, and scarlatina, their unfavourable influence is even better marked than that of the above mentioned diseases. The prognosis of a fracture should, therefore, be very reserved in a case of rickets; if, however, no other complication of rachitis interferes with the formation of callus, bony union may in many cases be expected in thirty-five or forty days. The treatment of fractures in children afflicted with rachitis is essentially different in simple or compound fractures. The treatment of simple fracture should be nearly the same as that applied to healthy subjeets. Under these circumstances M. Guersant applies the common roller bandage for fracture of the femur, as follows:—M. Guersant applies a roller from the toes to the groin; three narrow splints are then placed, one on the inner side, a second, longer than the first, on the external side, and a third, on the anterior aspect of the limb. The splints should never bear upon any bony projections—a precept which gains importance by the remark, that in ricketty subjects the extremities of the long bones are almost always more voluminous than in the healthy state, and therefore more prominent. Of course, during the application of the splints, the fracture is, by the intelligent efforts of the assistants, maintained in a proper state of coaptation. The limb is then enveloped in a piece of oil cloth, in order to prevent the urine from impregnating the bandage. This precaution M. Guersant deems of paramount importance in young children, for two reasons:

—first, because it prevents the urine from irritating the skin; and, secondly, because the renewal of the bandage is not so frequently called for. As a general rule, M. Guersant seldom finds it necessary to change the dressings more than once in a week. The application of the starch bandage to the fractures of infants is absolutely impossible. The involuntary emission of urine would constantly dissolve the starch and relax the bandage. When the patient is simply affected with rickets, M. Guersant recommends a nutritive, animal, and even stimulating diet. Some authors have asserted that feculent and farinaceous nutriment was more fitted to ricketty children than animal food; an opinion to which M. Guersant finds an absolute answer in the fact, that the poorer orders are fed almost entirely upon beans, potatoes, and farinaceous food, and it is certainly amongst the poorer classes that rachitis is chiefly observed. M. Guersant does not recommend a sudden change in the diet of the affected subjects; a sudden change from vegetable to animal food would, in all probability, occasion enteritis and diarrhœa; but the child should be gradually accustomed to a more nutritious sustenance, in order that good effects may be obtained. If a complication of pneumonia or eruptive fever has occurred, it is evident that the analeptic treatment can only be instituted after the complication has been cured. The bandage should be removed very late in complicated cases. M. Gildom seldom removes it before the fortieth day; as to medicines, he has derived benefit from the hydriodate of potass, and from the exhibition of cod-liver oil, the effects of which being very slow, are less clearly marked in hospital than in private practice.—*Medical Times.*

Cure of Stammering. By Dr. Serre (d'Uzès.)—Dr. Serre's communication excited an unusual degree of interest, due to the circumstance, that the learned essayist had struggled since his youth against the infirmity to which he this day directed the attention of the Academy; and, certainly, the distinct enunciation and unhesitating utterance of the speaker were the most striking proofs of the correctness of his views on the subject. The unfortunate results of the surgical operations proposed, not long since, for the cure of stammering, no less than the disgraceful charlatanry to which they were made subservient, threw them into well merited discredit. The method now brought forward does not bear the same character; it is purely the result of philosophical induction, and rests upon the perseverance and reason of the patient. The following precepts are laid down by Dr. Serre:—1. Stammering, like other defects of speech, can only be got rid of by a firm and persevering determination. 2. Equisyllabism, or the enunciation at equal intervals of each syllable of every word, is the first rule to which the stammerer must submit; under its influence regularity takes forcibly the place of that disorder which characterises his utterance. 3. The action of the orator not only constitutes a language completive of vocal expression, but serves, also, according to Dr. Serre, to modulate the sound emitted, the volume and energy of which is instinctively regulated by the precision of the accompanying

gesture. 4. The frequent exercise of equisyllabic pronunciation combined with appropriate action must infallibly restore the function of speech to its natural condition. Stammering is certainly so often the result of bashfulness, that the rules laid down by Dr. Serre cannot fail in producing a favourable change in most persons afflicted with the infirmity. It is obvious that they must, on the contrary, prove inefficient when some physical obstacle exists to a proper enunciation. Such instances are, however, comparatively rare, and to all others Dr. Serre's method is immediately applicable.—*Ibid.*

FRENCH ACADEMY OF SCIENCE.

Diseases of workmen employed in the fabrication of Lucifer Matches. By T. Rousselle, M. D.—Dr. Rousselle called the attention of the authorities and of the public to the numerous diseases generated by the fabrication of lucifer matches. Dr. Gendrin has of late described a severe variety of bronchitis, prevalent amongst the workmen attached to the branch of industry referred to; and necrosis of the maxilla has also been looked upon by some German writers as a result of the noxious emanations in the wards of the factories. Dr. Rousselle remarked that, in the establishments in which all the operations relative to the fabrication of matches are performed in one room, cough and bronchitis affect the men indiscriminately, whatever may be their individual employment. But in those manufactories, in which the various branches of fabrication are carried on in separate rooms, those workmen only suffer who are exposed by the nature of their occupations to phosphoric vapours; and the intensity of the morbid effects produced appears to bear some ratio to the humidity of the weather and the degree of ventilation of the wards. As to the disease of the maxillary bones, two conditions have appeared to Dr. Rousselle to be indispensable to its production:—1. A sojourn in the factory of not less than two years; 2. The presence of decayed teeth. These special accidents are to be attributed, according to Dr. Rousselle, to the presence of phosporic acid, and perhaps of phosphorus in a gaseous condition in the atmosphere of the wards. He recommends, therefore, in order to prevent the production of the symptoms, a particular mode of ventilation, and the separation in distinct rooms of the various branches of fabrication.

Hairy productions on the surface of the Tongue. By Dr. Landousy, Professor of the Faculty of Rheims (see *Medical Times*, vol. xiii, p. 148.)—We mentioned in our communication, of November 15th, two cases of hairy productions of the tongue, brought before the Academy of Medicine by Dr. Landousy. One was a case of pleurisy; the other of erythema nodosum. Dr. Landousy has since met with fourteen similar instances: Cold abscess, 1; consumption, 3; pulmonary emphysema, 1; typhoid fever, 4; Bright's kidney, 1; icterus and cirrhosis, 1; uterine disease, 2; fracture, 1. In these sixteen cases, the black colour observed on the tongue was due to hairy produc-

tions which the naked eye could not distinguish from common hairs, but which presented under the microscope special characters. These hairs varied in length from one to fifteen millimetres, and in diameter from 1-5th to 1-200th part of a millimetre. The length of these hairs sometimes caused an unpleasant sensation in the throat, when they were vertically planted in the tongue, towards the apex of which they lie, on the contrary, in a horizontal direction.

The Electric Maid.—M. Arago also mentioned that he had been called upon to witness some of the most singular phenomena which he had ever beheld, in the shape of electric discharges of the most violent character, proceeding from the person of a young girl, aged thirteen, lately submitted to his inspection. This truly remarkable child overturns tables and chairs by merely touching them with her apron. When she sits down, the moment her feet touch the ground the chair is upset, and she is suddenly propelled with considerable force. M. Arago said he had seen all these experiments, and had not been able to detect any trick. He begged the Academy would appoint a committee to investigate the matter.—*Lon. Medical Times.*

Sulphate of Quinine not absorbed when applied Endemically. By M. Martin-Solon.—Many medicines, when applied to the skin, either whole or deprived of its cuticle, act energetically on the economy, and may be detected in the secretions, thus showing they have been absorbed. Sulphate of quinine, when given internally in the dose of one grain, may easily be detected in the urine by means of the ordinary tests, as iodide of potassium, &c. Martin Solon, however, has made many experiments on twenty individuals affected with various maladies, relative to this medicine being absorbed when applied to the skin, and in no case has he succeeded in detecting the slightest traces of the medicine in the urine. The sulphate of quinine was applied by friction to the sound skin, and to that denuded of cuticle, in baths, and by means of ointments. The effect was null in all.—*New Orleans Med. and Surg. Journal, from Bulletin de Therapeutique.*

Case of Ovarian Dropsy, followed by Recovery. By Richard Eager, Esq., Surgeon, Guildford.—The termination of a case of ovarian dropsy, which lately occurred under my personal observation, is so rare, that I am induced to forward the details of it for publication in the Lancet.

Mrs. ——, aged twenty-eight years, after the birth of her first and only child, now three years old, suffered from attacks of inflammation of the left ovary and phlegmasia dolens in the left leg and thigh, the effects of which left her in an enfeebled state of health for several months.

On the 22d July, 1845, I was consulted by her in reference to a tumour, about the size of a fully developed fœtal head, occupying the left iliac region, easily defined to be circumscribed, moveable,

and extending toward the right side, somewhat beyond the median line of the abdomen, having a smooth and even surface, and giving an obscure sense of fluctuation on percussion; an examination per vaginam manifested a healthy condition of the uterus, although it was somewhat altered in its position, the fundus being thrown forward, whilst its cervix rested on the recto-vaginal septum:—from these symptoms I diagnosed the disease to be encysted dropsy of the left ovarium; and in this conclusion I was fortified by the opinion of Dr. Lever, who had seen the patient under her former illness, and who was also consulted on the present occasion.

The patient, in the history she gave of her ailment, traced the commencement of it to her recovery from her former illness; and, as it had made no advance in size, during a period exceeding two years, it was hoped it might continue in a quiescent state. Our attentions were therefore directed to the maintenance of the general health, and the promotion of the healthy functions of the system, by regulated exercise, diet, &c. &c. The compound iodine ointment was used freely over the site of the enlargement, and the hydriodate of potash with a bitter given three times a day.

From this time, however, the disease assumed a more active character, and advanced with such rapidity, that, by the beginning of November, the patient had attained the size of a woman at the full period of gestation, the ovarian tumour occupying the abdominal cavity from the pubes to the ensiform cartilage, producing great inconvenience and distress by its pressure on the diaphragm and surrounding viscera, and tapping was regarded as the only probable means of affording relief.

On the 13th November a purgative was given to relieve constipated bowels,—it induced most distressing and violent vomiting, succeeded by rigors and syncope. On the following day a marked change had occurred in her size and form; and, to adopt her own expression,—"she felt a sense of want, sinking, and emptiness, almost amounting to fainting." Early on the morning of the 15th November, I was called to her, and found her suffering from all the symptoms of subacute peritonitis, which readily yielded to the usual treatment. On the 17th November a very careful and minute examination of the abdomen failed to detect a vestige of ovarian enlargement, but the whole belly was augmented in size, and over its most dependent parts a very distinct sense of fluctuation was communicated to the hand by percussion. On this day her circumference over the umbilicus was thirty-eight and a half inches. During three or four days subsequent to this date, she evacuated large quantities of urine to the amount of four, five, and six quarts per diem. On the 22d November her size by admeasurement was redneed to twenty-seven inches, with no perceptible enlargement or fluctuation. From the above time no remarkable symptoms have presented themselves, although her convalescence has been retarded by extreme debility:—this has, however, at length yielded to a generous diet, change of air, and a course of "steel bitter" medicine. At the present time she

appears to be rapidly advancing to the recovery of her customary good health;—in fact, she told me to-day, she felt better than at any time during the past four years!

From a consideration of the above facts I am induced to believe, that violent action of the abdominal muscles and diaphragm, excited by the vomiting on the 13th November, ruptured the ovarian cyst; and its centents, thus liberated, were extravasated into the abdominal cavity, (producing the attack of peritonitis,) whence they were removed by absorption, the cyst itself remaining in a collapsed and contracted state.—*London Lancet.*

Mahommedan Physicians.—A Bostonian, Thomas Wells, Esq., who has travelled extensively over the eastern part of the world, has written a book, entitled "Letters on Palestine." containing a vast variety of curious information, fitted to the benefit of all classes and ages of readers. On the 177th page, a notice of the medicine-taking propensity of the Sultan's obedient subjects, occurs, together with an illustration of the character and state of a hakim, or doctor.

"On our arrival at Zahle, we were beset with half the population of the place—some out of curiosity, some to get medicine, believing us to be doctors in the healing art. A late tourist travelling in this direcrection, gives an amusing account of a fat, jolly-looking dame, the picture of rude health, who insisted upon his feeling her pulse. It was in vain that he declared himself to be no hakim—physician. She would not be satisfied till he yielded to her request, and by assuring her that she stood in no need of medical aid. A dose of medicine would have been the most acceptable of all presents.

"Of the extreme eagernass of these people after physic, a ludicrous instance, related by the traveller just referred to, occurred at Constantinople. No person is allowed to practise there, as hakim, without a license from the Government, for which, of course, they are obliged to pay highly. A man had set up as doctor, without this diploma; the police were sent to apprehend him. Instead of seizing the culprit, they allowed him quietly to slip away, while they made a rush at his phials and gallipots, and swallowed, indiscriminately, the whole contents of his physic shop. Luckily, it consisted of simples only, and no harm was done.

"The practitioners in physic among the Mahommedans, are usually the barbers; in a country, of course, where every man's head is shaved, the professors of the healing art cannot fail to be numerous. Their knowledge of the science of medicine must necessarily be extremely confined. They perform a few surgical operations, says Dr. Hume, and are acquainted with the virtues of mercury and some standard medicines. The general remedy in cases of fever and other kinds of illness, is a saphie from a priest, which consists of some sentence from the Koran, written on a small piece of paper, and tied round the patient's neck."—*Bost. Med. and Surg. Journ.*

Mortality of Lowell in 1845.—Dr. Wells, the City Physician of Lowell, states that "the number of deaths reported during the last year was 363, differing but one from either of the two previous years. This must be regarded quite satisfactory, as indicating, when we consider the increase of population, a diminished mortality.

"In the course of the last year the small pox has made its appearance five times, but without proving fatal in any case, and in but one instance has it extended beyond a single case. In other places similarly situated, this loathsome disease has prevailed extensively and fatally; and our exemption, under the circumstances, can only be accounted for by the efficient measures that have been taken, to secure a general vaccination of the inhabitants.

"Of the efficacy of vaccination as a means of guarding against small pox, there can be but one opinion; and there is good reason to believe, that equal exemption from varioloid might be secured, if vaccination were repeated as often as necessary.

"It is to be regretted that a prejudice, unfounded should prevent some persons from availing themselves of its advantages. That vaccination may, in constitutions strongly predisposed, prove the *exciting* cause of certain diseases, is not impossible; but that it operates in accordance with common prejudice, by transferring what are termed *humors*, from one to another, my experience in about 2000 cases leads me to disbelieve."—*Ibid.*

Artificial Warts.—A tribe of Negroes inhabiting a part of Africa, on the coast between the Nyambara and Nyango rivers, in about lat. 24 deg. 5′, says Commodore Wilkes, of the Exploring Expedition, possess an art of raising prominent, fleshy tubercles or warts, that is quite mysterious to physiologists. The distinctive personal mark of this tribe, says Mr, Wilkes, is the most extraordinary of any (others, their neighbors, having lines and tattoes;) it consists of a row of artificial pimples or warts, about the size of a pea, beginning in the middle of the upper part of the forehead, and descending to the tip of the nose. Of these they are very proud. Of the manner in which these singular elevations were produced, he continues, we were not able to learn. The slaves whom he examined at Rio Janeiro, having the symmetrical warts, appeared to be averse to speaking of the subject. Take it all in all, the process by which fleshy prominences are developed at will, to remain in a healthy condition through an entire life, baffles conjecture.—*Ibid.*

NEW YORK STATE MEDICAL SOCIETY.

Report of the Committee Appointed on the Subject of a National Convention, to be held in the City of New York.—"The Committee appointed at the last Annual Meeting of the New York State Medical Society, to carry into effect a resolution passed at the same meeting, inviting a National Medical Convention, in May next, would respectfully report as follows:—

"In the early part of last season the Committee, through their

chairman, addressed a circular containing the preamble and resolutions of this Society, with such comments as were deemed advisable, to all the State Medical Societies and Medical Colleges in the United States, as far as the existence of such societies and colleges could be ascertained. And in those states were neither State Societies nor Colleges existed, a circular was addressed to some leading member of the profession, inviting him to take measures for having his state represented in the proposed convention. Replies to these circulars and letters have been received from the following officers of Medical Societies, and Colleges, and private Members of the profession, viz: Drs. W. W. Morris, of Dover, Delaware State; A. H. Buchanan, of Tennessee; W. P. Johnston, of Washington city; T. T. Hewson, R. M. Huston, and W. E. Horner, of Philadelphia; Luther Ticknor, Connecticut; W. H. McKee, of North Carolina; E. H. Pearle, of Hanover; Paul F. Eve, of Georgia; J. H. Thompson, of New Jersey; J. W. Davis, of Indiana; A. Twitchell, of New Hampshire, John W. Draper, A. H. Stevens, Willard Parker, and C. A. Lee, of New York; J. Drake, of Ohio; Lawson, of Kentucky, and Carpenter, of Louisiana. And delegates have been freely pledged from Societies and Colleges in Maine, New Hampshire, Connecticut, New Jersey, Delaware, District of Columbia, South Carolina, Georgia, Mississippi, Louisiana, Tennessee, Kentucky, Ohio, Indiana, and New York. The Medical Schools of Philadelphia are the only ones from whom replies have been received, that decline sending delegates, and giving a hearty support to the proposed measure. Nearly every Medical Journal throughout the whole Union, has not only favourably noticed, but warmly commended the holding of such a convention.

"There are some institutions from whom no replies have been received; but, from information obtained from other sources, there is good reason for believing that most, if not all these will appoint delegates, as soon as they are fully assured that the Convention *will* be held. It will thus be seen that in far the larger part of our Union, the invitation of this society has met with a prompt and hearty response from the profession; and it is with regret that we find even a few institutions declining to take any part in so important a movement. But when we consider the wide extent of our territory, and the great number of our institutions, all engaged, we should hope, in a generous rivalry with each other, the expression in favour of a Convention is certainly more unanimous, and more promising of good than could have been anticipated. Indeed the leading and influential members of the medical profession have long felt the necessity of some national action; some central point of influence around which the active and choice spirits of the whole profession can rally, and from which may be made to radiate an elevating, healthful, and nationalizing influence over the whole country.

"Hence, it only remains for this Society to carry out the work it has so nobly commenced. The faculty in the New York University have very generously tendered to this Society, the use of any room

or rooms in their college edifice, that may be desired, for the Convention to meet in. Some State Societies and Colleges have already appointed their delegates, while others have expressed a desire that the Society would fix the number of delegates to be appointed by each Society and College. For the purpose of furthering the objects in view, your Committee would respectfully submit the following resolutions, viz:—

"1st. *Resolved*, That the preamble and resolutions passed by this Society, at its annual session, Feb. 6th, 1845, did not contemplate the appointment of delegates to the National Convention, by county or merely local societies, in those states where delegates are appointed by a regularly organized *State* Society.

"2d. *Resolved*, That as some Societies and Colleges have already appointed their delegates, therefore, the number to be appointed by any one of these institutions should be left entirely to the discretion of the appointing body.

"3d. *Resolved*, That sixteen delegates be appointed to represent this Society in the proposed National Convention, viz: two from each senatorial district in the state.

"4th. *Resolved*, That this Society accept the offer of the faculty in the New York University, respecting their rooms; and consequently that the members of said National Convention are invited to assemble in the College edifice of New York University, at 10 o'clock, A. M., on the *first Tuesday* in May next.

"5th. *Resolved*, That a Committee of three be appointed to continue the efforts to further the objects of the proposed Convention; and to exert all their influence to make it truly *National* in composition and action.

"6th. *Resolved*, That the above Committee be authorized to invite the superintendents of lunatic asylums in the several states to attend the Convention.

"7th. *Resolved*, That the Committee be further authorized and enjoined to send a copy of this report, together with the action of the Society thereon, to all the medical journals in the United States, with a request that they publish the same, on or before the 1st of April next.

"W. S. Davis,
James McNaughton,
Peter Van Buren,
} Committeee.

"*Albany*, Feb. 3, 1846."